

Name
in
Full

Mary Dorothy Becker

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumtuck Alley

Date

1960

Feb.

Day

1

Age

81

Months

10

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

William Becker

Father's
Name

Don't Know

Father's
Birthplace

DK

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Peter Becker

How related
to deceased

Son

CAUSES OF DEATH

Primery

Cancer

How long

6 days

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Steen, Yes

Signature of
Physician

Address

Howard O. ...
Cumtuck Alley
Milan

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

5 children

Joseph Becker City

Will 6 " "

Peter J " "

Mrs John Hatcher " "

Miss Barabara at home

Died 10 o'clock of Pneumonia
at her res 20 Chestnut St

lived in Cumberland for
60 yrs and was member
of St Peter & Paul -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Brant* Town *Cumberland* County *Alleg*
Died at
Date of death 19*10* Month *Feb* Day *28* Age *74* Years Months *3* Days *19*
Sex *Male* Color or Race *White* Birth-place *md*
Occupation *Retired* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Mary Brant*
Father's Name *George Brant* Father's Birthplace *md*
Mother's Maiden Name *Merrill Davis* Mother's Birthplace *md*
Name of person giving Information *Mrs Conrad Lindemann* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Tuberculosis of intestinal tract* How long *9 months*
Immediate " " How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. J. Simmons, M.D.
S. J. Cumberland Md

Accident or Suicide

PHYSICIAN
OR CORONER

J. Geo. Franklin, M. D.
Cumberland, Md.

Name
in
Full

CERTIFICATE OF DEATH

Annie V. Bage

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death		19	Month	Day	Age	Years	Months	Days
19		10	Feb	24	33	11	5	
Sex	Female		Color or Race	white		Birth-place	Martinsburg W. Va.	
Occupation	Housewife		Where Residing if not at place of death		✓			
Married, Single or Widowed	Married		Name of Wife or Husband		Charles W. Bage			
Father's Name	Chas. Williams		Father's Birthplace		W. Va.			
Mother's Maiden Name	Elizabeth Lewis		Mother's Birthplace		W. Va.			
Name of person giving Information	Charles W. Bage		How related to deceased		Husband			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Sarcoma of Uterus	How long	2 years.
Immediate	Exhaustion	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William R. Ford M.D.
		Address	109 Virginia Ave Cumberland, Md.
Accident or Suicide	No		

183 Seymour St
6 children -
Martinsburg -
Sat on # 6
2 20 This man

Name
in
Full

Gladys Clinton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Alleghany County MARYLAND
Date of death 1940 Month Feb Day 25 Age 17 Years — Months — Days —
Sex Female Color or Race White Birth-place Pa
Occupation Clothes Presser Where Residing if not at place of death —
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Walter Clinton Father's Birthplace Pa
Mother's Maiden Name Maud Dykman Mother's Birthplace N. Y.
Name of person giving Information Maud Clinton How related to deceased mother

CAUSES OF DEATH

Primery Typhoid fever How long 15 days
Immediate Exhaustion Heart Failure How long 2 days

Are the name, age, sex, color, date and place correctly given above?

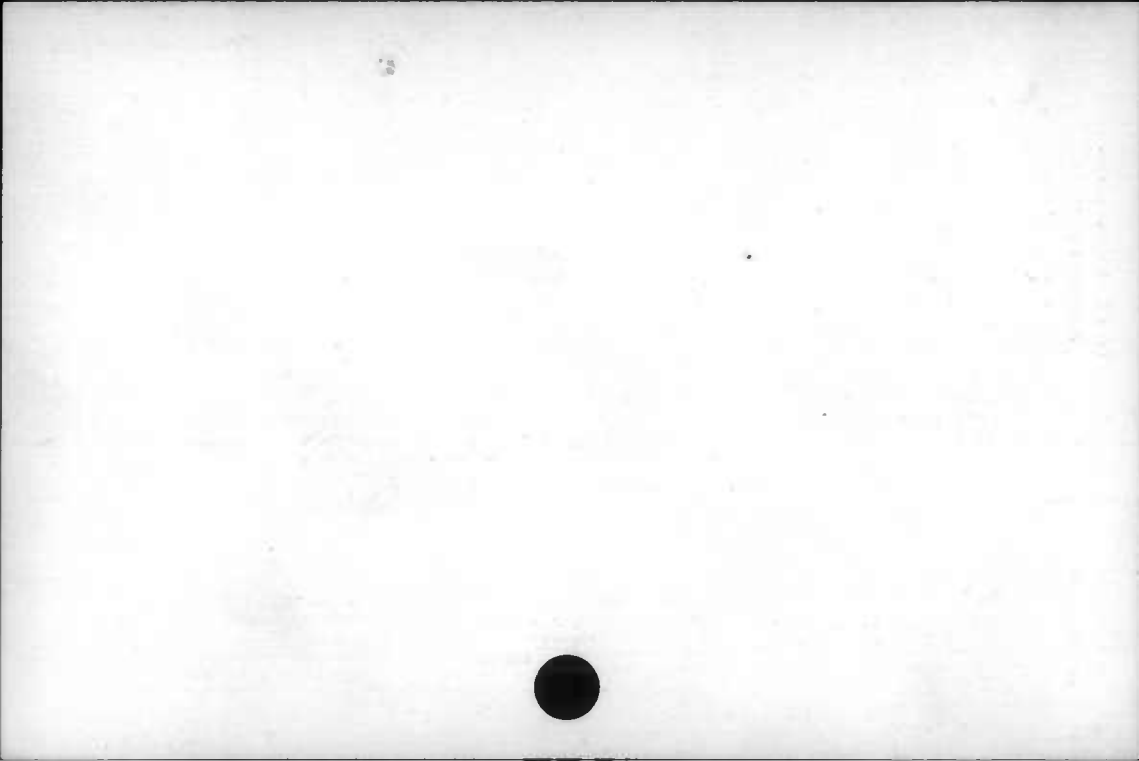
Yes

Signature of Physician

Address

F. B. Burdall
Cumberland Md

Accident or Suicide

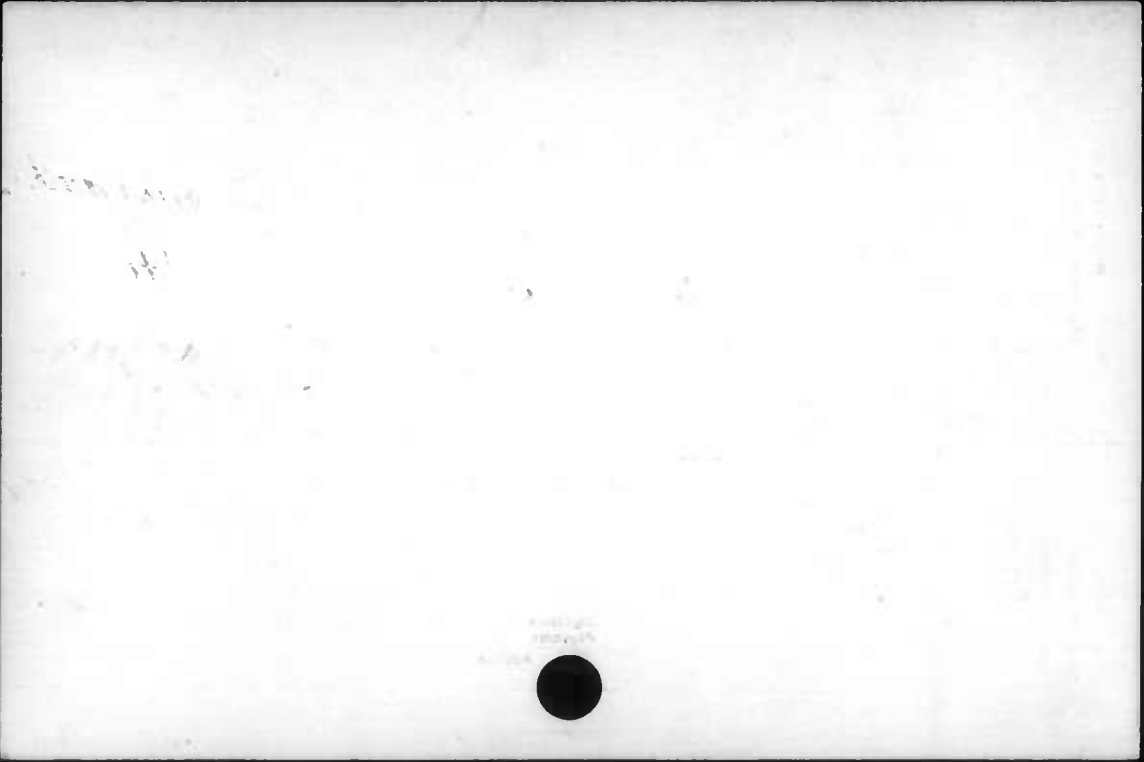


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name		Town		County		CERTIFICATE OF DEATH	
Margaret Elizabeth Coleman		Cumberland		Allegany		MARYLAND	
Died at		Month		Day		Years	
Date of death 1900		Feb		11		Age 6	
Sex Female		Color or Race Colored		Birth-place Md		Months	
Occupation none		Where Residing if not at place of death				Days	
Married, Single or Widowed Single		Name of Wife or Husband		None			
Father's Name Barton Coleman		Father's Birthplace Pa					
Mother's Maiden Name Maggie Weeden		Mother's Birthplace Md					
Name of person giving Information Barton Coleman		How related to deceased Father					
CAUSES OF DEATH				93		✓	
Primary Pneumonia		How long 1 Week					
Immediate Exhaustion		How long					
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician Thos. W. Hearn		Address Cumbersland.			
Stem.		Koon		Md			
Accident or Suicida							



Name
in
Full

CERTIFICATE OF DEATH

Donald McFarland Cowden

Town

County

MARYLAND

Died at

Cumberland Alleg

Date

of death

1910 Feb.

Day

21

Age

Years

—

Months

—

Days

6

Sex

Male

Color or
Race

White

Birth-
place

Cumld.

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Peter G Cowden

Father's
Birthplace

Md

Mother's
Maiden Name

Rose Poling

Mother's
Birthplace

West Va

Name of person giving
information

Peter G Cowden

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Purpura

How long

4 days

Immediate

Convulsions

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. Whit

Dr. Whit

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gustav August Czapek

Town

County

Died at *Cumberland*

Alleghany

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1910*

July

13

Age

26

Sex

male

Color or
Race

White

Birth-
place

Vienne Austria

Occupation

Messenger

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Gertinde

Father's
Name

Louis Czapek.

Father's
Birthplace

Austria.

Mother's
Maiden Name

Marie Sterber

Mother's
Birthplace

Austria

Name of person giving
Information

Charles. Czapek

How related
to deceased

Brother.

CAUSES OF DEATH

1845

Primary

Extensive Proctus Skull. Evacuation Brain 3 1/2 days

Immediate

Proctus Communicating with nasal cavity 2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

A. H. Hawkins

Address

Cumby Md

Accident or Suicide

accident

PHYSICIAN
OR CORONER

100-100000
100-100000
100-100000



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

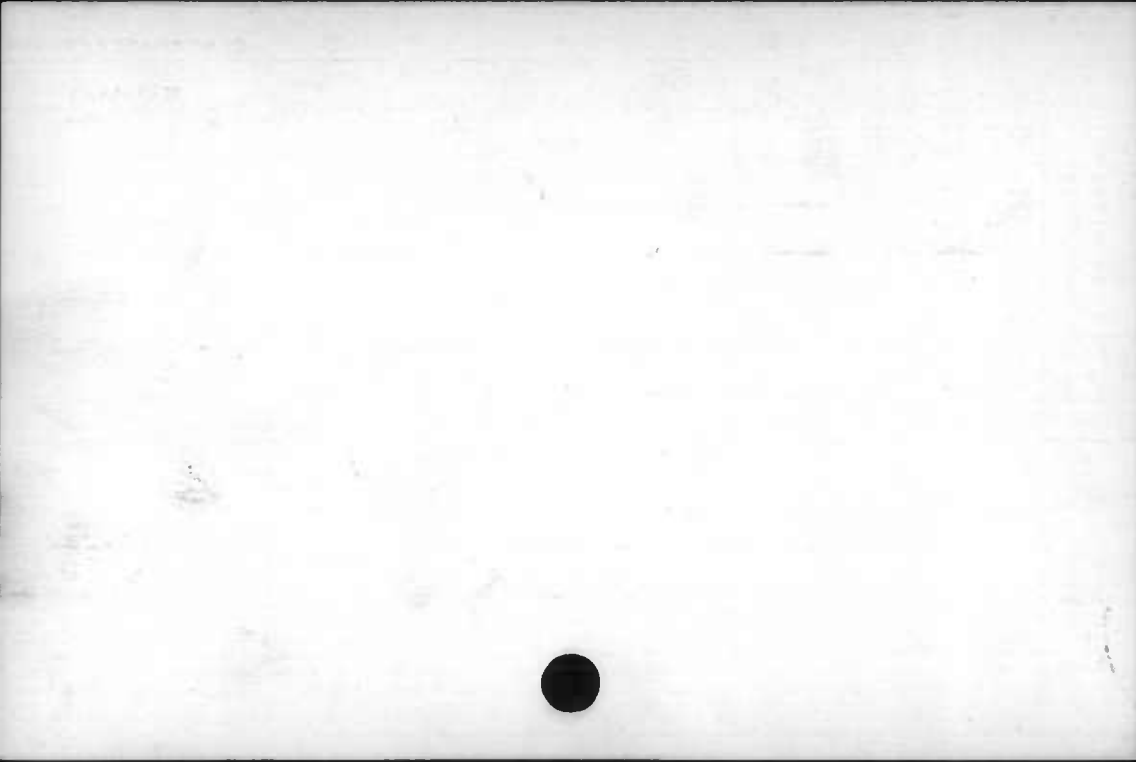
Francis E Dailly
 Died at *Westport-Md* *allegany* County
 Date of death *1900* Month *2* Day *19* Age *37* Months *7* Days *4*
 Sex *male* Color or Race *white* Birth-place *Frederick Md.*
 Occupation *Saloon keeper* Where Residing if not at place of death *Westport Md*
 Married, Single or Widowed *married* Name of Wife or Husband *Margaret A. Dailly*
 Father's Name *Michael Dailly* Father's Birthplace *Orange Co - Ireland*
 Mother's Maiden Name *Mary E. Duggan* Mother's Birthplace *Net Savage*
 Name of person giving Information *D. J. Long M.D.* How related to deceased

CAUSES OF DEATH

146 ✓

PHYSICIAN
OR CORONER

Primary *Mastered abdomen* How long *2 or 3 months*
 Immediate *Possibly Meningitis* How long
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. J. Long*
 Address *Piedmont W. Va.*
 Accident or Suicide *no*



Name
in
Full

Samuel Davis

CERTIFICATE OF DEATH

Died at Cumberland alligany County MARYLAND
Date of death 19010 Month 2 Day 25 Age 1 Years Months Days 22

Sex Female Color or Race White Birth-place md
Occupation None Where Residing if not at place of death md

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Harry Davis Father's Birthplace md

Mother's Maiden Name Mauda Noel Mother's Birthplace md

Name of person giving Information Harry Davis How related to deceased Father

CAUSES OF DEATH

Primary Acute Nephritis How long 119
Immediate Uremia How long 12 hrs

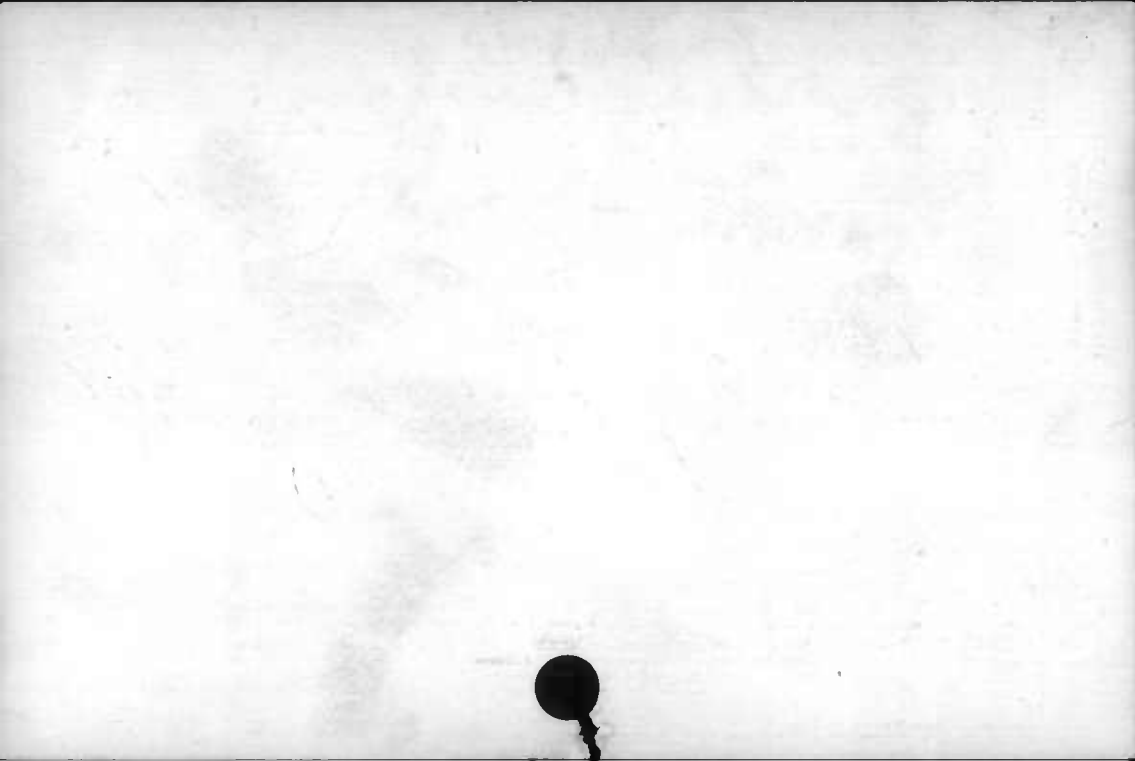
Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician John B. Long
Address Cumberland, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

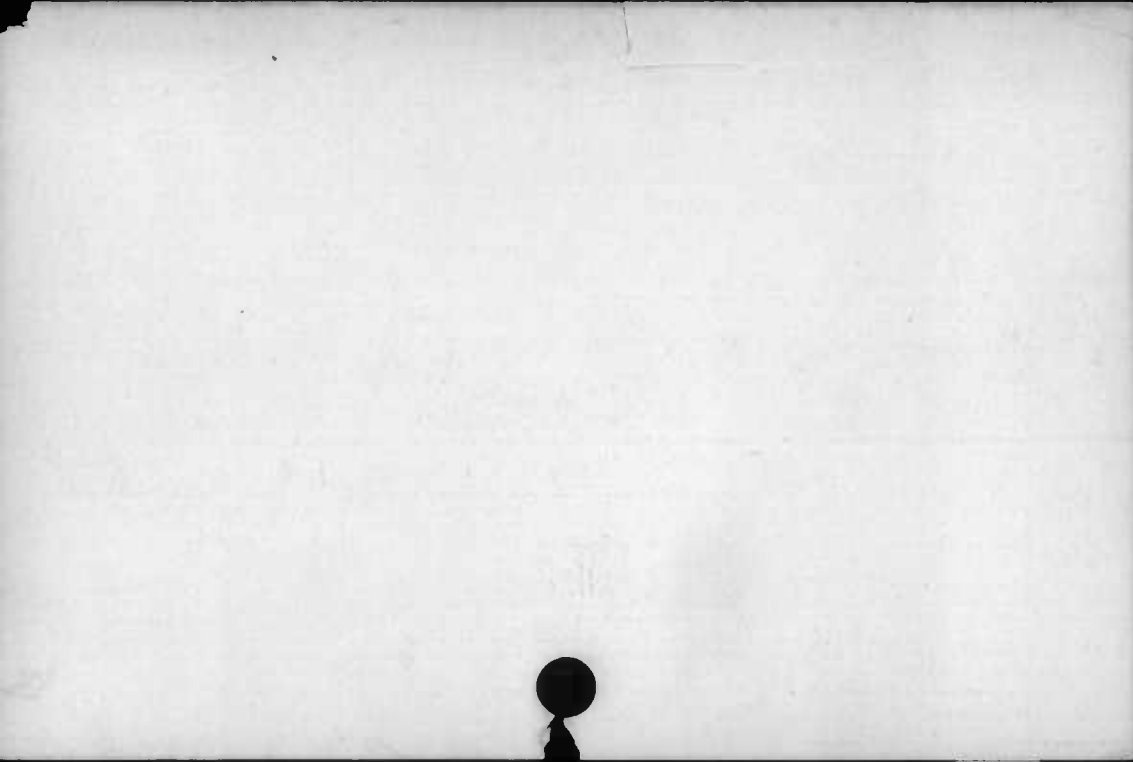
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Midland</u> ^{County} <u>Alleghany</u>		MARYLAND					
Date of death	19 <u>40</u>	Month <u>Feb.</u>	Day <u>12</u>	Age <u>72</u>	Years <u>7</u>	Months <u>11</u>	Days <u>27</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Rawlings, Md.</u>		
Occupation	<u>Coal Miner</u>		Where Residing if not at place of death		<u>Midland, Md.</u>		
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband	<u>Mary Cadwalder</u>				
Father's Name	<u>Jarrett Lawson</u>			Father's Birthplace	<u>Maryland</u>		
Mother's Maiden Name	<u>Not Known</u>			Mother's Birthplace	<u>Maryland</u>		
Name of person giving information	<u>Enoch Trasher</u>			How related to deceased	<u>Son-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Age</u>	How long	<u>154</u> ✓
Immediate	<u>General Debility</u>	How long	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. P. O'Neil, M.D.</u>
		Address	<u>Midland, Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret Deffenbaugh*
Town *Rowlings* County *Alle*

Died at *Rowlings*
Date of death 19*40* Month *Feb* Day *28* Age *65* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Richard Deffenbaugh*

Father's Name *William Hambilton* Father's Birthplace *Md*

Mother's Maiden Name *Martha McGinnis* Mother's Birthplace *Md*

Name of person giving Information *Daniel Deffenbaugh* How related to deceased *Son*

CAUSES OF DEATH

66 ✓

Primary *Thromboplegia* How long *2 yrs*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. Fox Laubach*

Address *Cumberland, Franklin, Md.*

Accident or Suicida *—*

PHYSICIAN
OR CORONER



Name
in
Full

Wm Oscar Drake

CERTIFICATE OF DEATH

Town

County

W Va
MARYLAND

Died at

Medmore

Berkeley Co

Date

of death

1900

Month

Feb

Day

8

Age

33

Months

4

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Marlow. W Va

Occupation

Soldier

Where Residing if not
at place of deathTO BE ANSWERED BY
NEAREST FRIENDMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Thomas Drake

Father's
Birthplace

London Eng.

Mother's
Maiden Name

Mary Catharine Ellen Herbert

Mother's
Birthplace

Marlow W Va

Name of person giving
Information

J. J. Drake

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Ernest H. Fisher
Williamsport

Accident or Suicide

PHYSICIAN
OR CORONER

Died outside of State

27

How long

One year

How long

6 weeks

February 10th 1910.

Interred in River View Cemetery
By J. F. Kreps. Undertaker

Williamsport

Md.

Name
in
Full

Adeline Toliver Edmondson

CERTIFICATE OF DEATH

Died at

Cumtba

Town

alleg

County

MARYLAND

Date

of death

1940 Feb

Month

Day

5

Age

Years

2

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Nama of Wife or
Husband

None

Father's
Name

Osborn Edmondson

Father's
Birthplace

md

Mother's
Maiden Name

Mary Toliver

Mother's
Birthplace

Va

Nama of parson giving
Information

Mary Toliver

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

2 wks

Immediate

Respiratory Infection

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

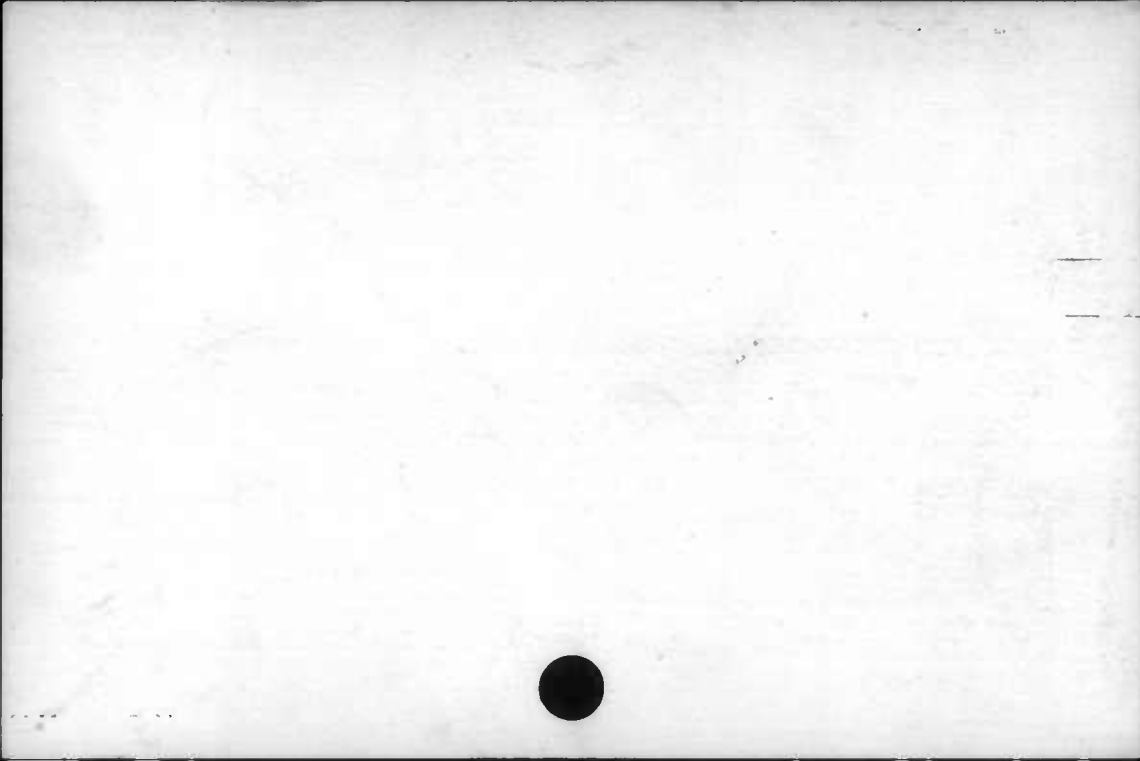
P. L. Owens, Jr. D.
Cumtulaud Md
Owens

Accident or Suicide

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

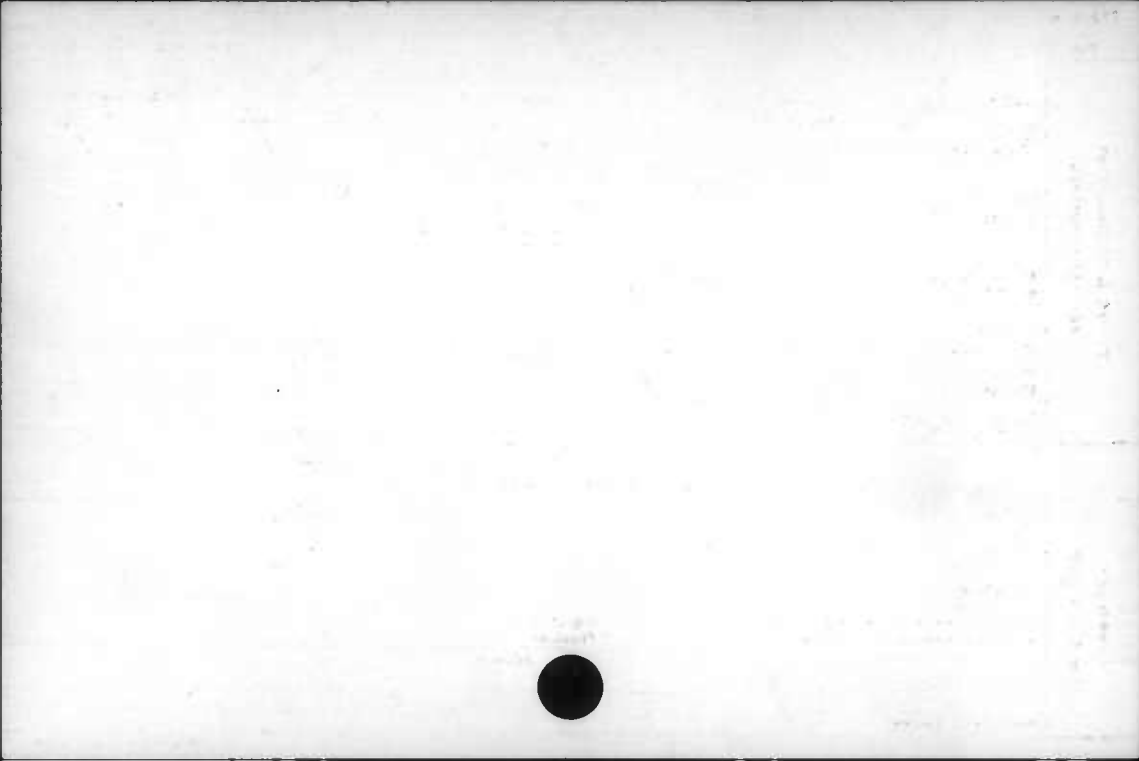
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Solomon Edmondson		Town Burrhead		County Allegheny		MARYLAND					
Died at		Date of death		Month		Day		Years		Months		Days	
		1900		July		9		Age		1		0.	
Sex		male		Color or Race		Colored		Birth-place		Burrhead			
Occupation		None		Where Residing if not at place of death		-							
Married, Single or Widowed		Single		Name of Wife or Husband		- None							
Father's Name		Samuel Edmondson		Father's Birthplace		W. Va.							
Mother's Maiden Name		Addie Redman		Mother's Birthplace		W. Va.							
Name of person giving Information		Samuel Edmondson		How related to deceased		Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pneumonia		How long		2 weeks	
Immediate		Infection & Meningitis		How long		10 days	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		W. L. Bradley MD	
Accident or Suicide		No		Address		Burrhead W. Va.	



Name in Full **Rebecca S. Evans.**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Annaburgh** Town **Weymouth** County **MARYLAND**
 Date of death **1950** Month **2** Day **7** Age **80** Years Months Days
 Sex **Female** Color or Race **White** Birthplace **Westport Md**
 Occupation _____ Where Residing if not at place of death **Annaburgh Md.**
 Married, Single or Widowed **Widowed** Name of Wife or Husband **Samuel Evans**
 Father's Name **J. R. Wright** Father's Birthplace **Westport Md**
 Mother's Maiden Name **Sarah Brady** Mother's Birthplace **Ida**
 Name of person giving Information **Carted Evans** How related to deceased **Son**

CAUSES OF DEATH

Primary **Bright Disease** How long **120** ✓
6 mos
 Immediate **Uremic Coma** How long **1 Week**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thos. St. Louis

Address

Annaburgh

Accident or Suicide **9113**

PHYSICIAN
OR CORONER

Koon

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Fair
Died at *Cumberland* *Alleg* County

MARYLAND

Date of death 19*90* Month *Feb.* Day *13* Age *43* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Fair*

Father's Name *Michael Nelson* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Lynch* Mother's Birthplace *" "*

Name of person giving information *Will Fair* How related to deceased *Son*

CAUSES OF DEATH

31

Primary *Intestinal Tuberculosis* How long *2 years*
Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above?

Stice.

Signature of Physician *William R. Ford MD.*
Address *109 Va. Ave. Ford*

Accident or Suicide

Husband & Children

Entered this morn at 11 May

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph H Fields*
Town *Cumberland* County *Allegheny*

Died at
Date of death *1940* Month *Feb* Day *1* Age *17* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Cumt'd.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Jobe M Fields* Father's Birthplace *Hancock Md.*

Mother's Maiden Name *Eliabeta B Cope* Mother's Birthplace *Cumt'd.*

Name of person giving Information *Jobe M Fields* How related to deceased *Father*

CAUSES OF DEATH

Primary *Gun shot wound* How long *Immediate*

Immediate *Exhaustion & shock* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Coroner*

Address *John J. Drossman
Crest'd, Md*

*Ball penetrated left lung -
Internal hemorrhage*
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1900

Month

Feb.

Day

9

Age

Years

—

Months

7

Days

—

MARYLAND

Sex

Female

Color or
Race

White

Birth-
place

Cumbd.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Israel Fisk

Father's
Birthplace

Md

Mother's
Maiden Name

Vilma M. Jones.

Mother's
Birthplace

Cumbd.

Name of person giving
Information

Israel Fisk

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Pneumonia

How long

91

4 weeks

Immediate

Convulsions

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

William R. Fowd

Address

109 W. Ave.

Accident or Suicide

PHYSICIAN
OR CORONER

Rena Hill Odessa

now arrived - up the hill

10 valent

Name
in
Full

CERTIFICATE OF DEATH

Mary Fleckenstein

Town

County

MARYLAND

Died at Cumberland

Beechey

Date

of death

1946

Month

July

Day

8

Age

Years

—

Months

2

Days

15

Sex

Female

Color or
Race

White

Birth-
place

Cumb'd.

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

— None

Father's
Name

Sebastian F. Fleckenstein

Father's
Birthplace

Cumb'd

Mother's
Maiden Name

Lorisa Ritter

Mother's
Birthplace

Ohio

Name of person giving
Information

Sebastian F. Fleckenstein

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia & Whooping Cough

How long

Pneumonia 1 week
Whooping Cough 5 days

Immediate

Exhaustion

How long

18 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. R. Hodges

Address

Cumberland, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

200 green st

Name
in
Full

Martha Eleusa Fleming

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frostburg		^{County} Allegany		MARYLAND	
Date of death	1940	Month	Feb.	Day	9th
Age	54	Years	11	Months	21
Sex	Female	Color or Race	White	Birth-place	Frostburg
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	J. S. Samuel Fleming		
Father's Name	D. J. Kraps	Father's Birthplace	Eba Germany		
Mother's Maiden Name	Mary Ann Reminger	Mother's Birthplace	Cumberland Md.		
Name of person giving information	Daw. Kraps Jr.		How related to deceased	Brother	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Lagrippe + indigestion	How long	3 weeks
Immediate	Intestinal indigestion causing heart failure	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. L. Linniger
		Address	Frostburg Md
Accident or Suicide?			

F. L. & U. Co

any

Name
in
Full

Infant Fogel

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumuldara alley

Date

of death

1960

Month

Feb.

Day

20

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Cumuldara

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

A B Fogel

Father's
Birthplace

Fred. Co. Md.

Mother's
Maiden Name

Laura V Powell

Mother's
Birthplace

" " "

Name of person giving
Information

A B Fogel

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John W. [Signature]
Cumuldara
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Foster Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Emberland ^{Town} Allegheny ^{County} MARYLAND

Date of death 1900 ^{Month} July ^{Day} 25 Age 20 ^{Years} — ^{Months} — ^{Days} —

Sex male Color or Race White Birth-place Romellburg

Occupation Brakeman Where Residing if not at place of death Romellburg

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Mrs. Ford Father's Birthplace W. Va.

Mother's Maiden Name Elizabeth Castle Mother's Birthplace W. Va.

Name of person giving Information Elizabeth Castle Ford How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fract. Base of Skull How long 5 days

Immediate Edema of Brain How long 48 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. S. Clayton, M.D. Address Emberland, Md.

Accident or Suicide Accident Self - Brain



Name in Full **Bernard Francis**

CERTIFICATE OF DEATH

Died at **Chumbland** ^{Town} **Accagony** ^{County} **MARYLAND**

Date of death 1900 ^{Month} **2** ^{Day} **23** Age ^{Years} **39** ^{Months} **0** ^{Days} **0**

Sex **Male** Color or Race **Colored** Birth place **Chumbland**

Occupation **Butter** Where Residing if not at place of death **None**

Married, Single or Widowed **Single** Name of Wife or Husband **None**

Father's Name **Nicholas Francis** Father's Birthplace **West Indies**

Mother's Maiden Name **Margada Gibson** Mother's Birthplace **Hancock Md**

Name of person giving Information **Raymond Francis** How related to deceased **Brother**

CAUSES OF DEATH

Primary **For Lobar Pneumonia** How long **5 days**

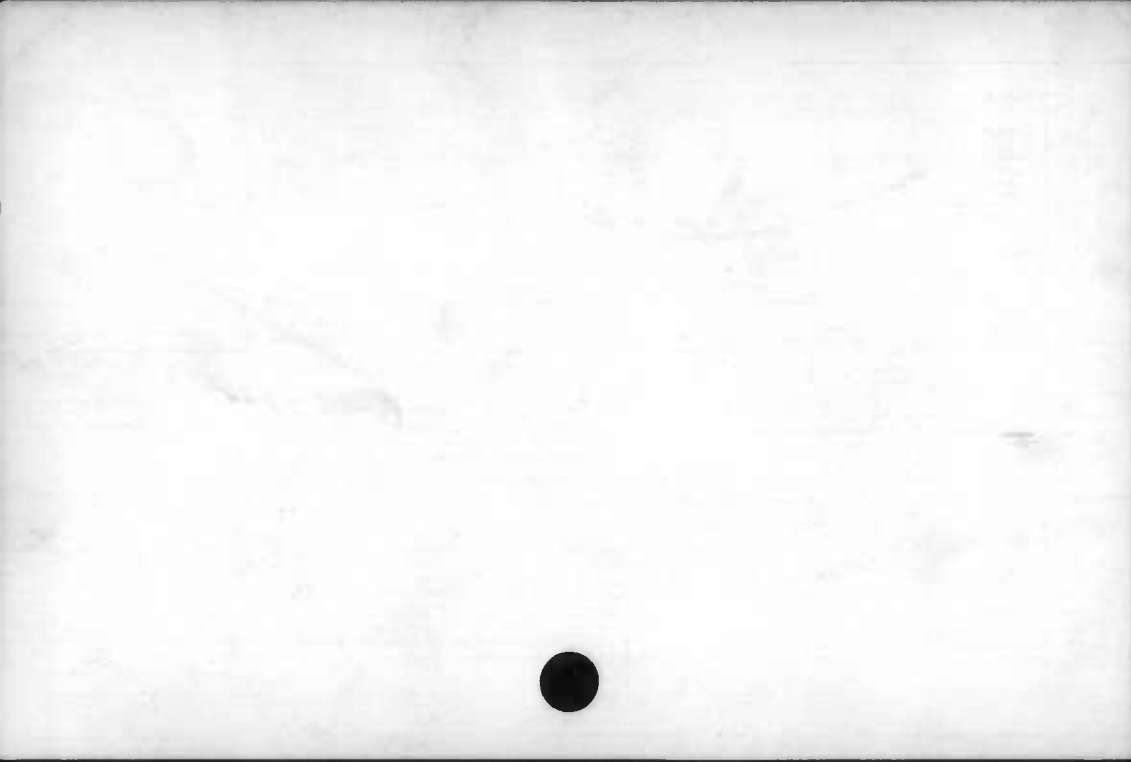
Immediate **Heart failure** How long **5 days**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **E B Delapoor**

Address **Chumbland Md**

Accident or Suicide **yes**



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

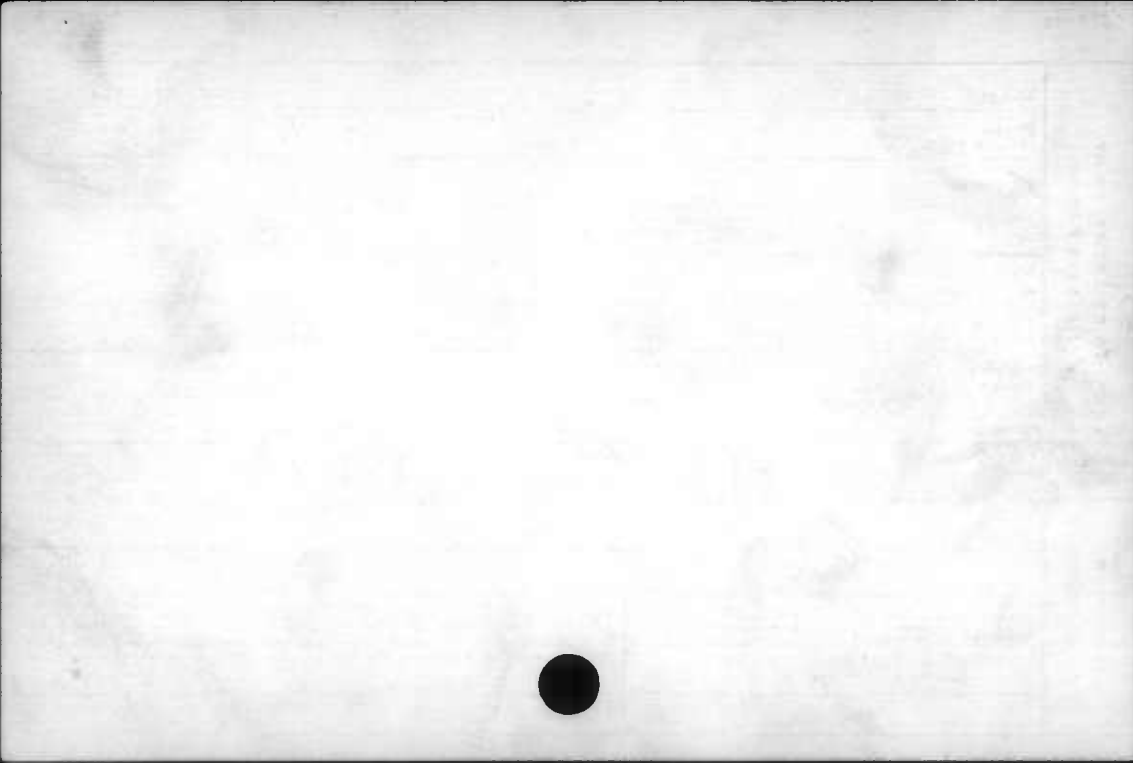
James Sephard.

Died at		Town	County	MARYLAND	
Cumberland			Allegheny		
Date of death	19	Month	Day	Age	Years
1900	7	16	1	29	
Sex	Male	Color or Race	White	Birth-place	Cumberland Md.
Occupation	Driver City Fire Dept.		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Sephard.		
Father's Name	James Sephard		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	Annie Sephard		How related to deceased	Wife.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis.	How long	2 years
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	William R. Foard M.D.
Yes		Address	109 Virginia Ave Cumberland Md.
Accident or Suicide		J. B. W.	



Name
in
Full

Charles Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lonaconing Town Allegheny County

Date of death 1980 Month Feb Day 24 Age 65 Years Months 2 Days -

Sex male Color or Race white Birth-place Germany

Occupation Laborer Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Isabella Brown

Father's Name Wm Gibson Father's Birthplace Germany

Mother's Maiden Name Wilhelmina Paucek Mother's Birthplace Germany

Name of person giving Information Mrs Chas Gibson How related to deceased wife

CAUSES OF DEATH

Primary valvular disease of heart - (Result of Rheumatism) mitral stenosis How long 35 years

Immediate Heart Failure How long Sudden

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician James O. Bullock M.D.

Address Lonaconing Mea.

Accident or Suicide no

PHYSICIAN
OR CORONER

0170110116

Name
in
Full

CERTIFICATE OF DEATH

Bernard J. Giessman
Town *Sylvan* County *Retreat Allegany*

MARYLAND

Died at *Sylvan Retreat Allegany*
Date of death *1900 Feb 13* Age *20* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *W. Va.*

Occupation *Clerk* Where Residing if not at place of death *Oakland, Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Bert J. Giessman* Father's Birthplace *W. Va.*

Mother's Maiden Name *Sarah Wagner* Mother's Birthplace *W. Va.*

Name of person giving information *Geo. H. Lee Supt* How related to deceased *Not as an*

CAUSES OF DEATH

68

Primary *Acute Mania* How long *1 Mo.*

Immediate *Exhaustion* How long *1 wk*

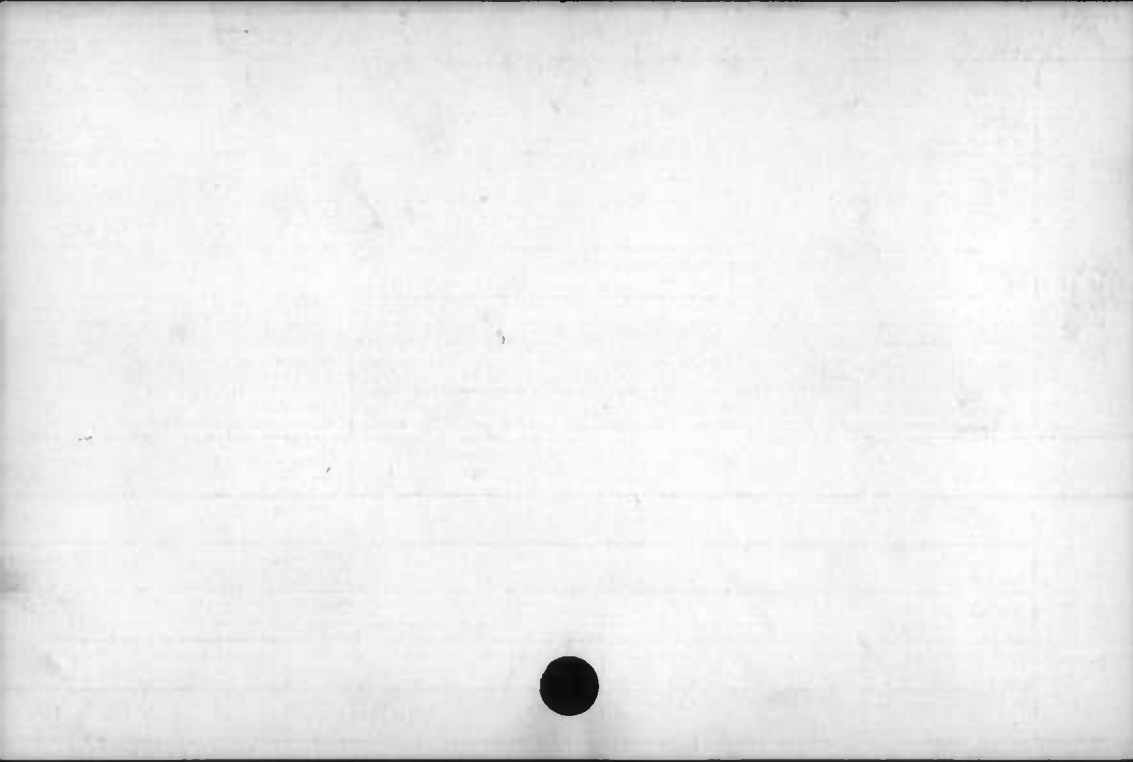
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. J. Furrer*

Stein Address *Oakland, Md.*

Accident or Suicide? *Oakland Md*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Milton Hardman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Allegany ^{Town} Alleg. ^{County} MARYLAND

Date of death 1990 ^{Month} 2 ^{Day} 16 ^{Years} 40 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place W. Va

Occupation Miner. Where Residing if not at place of death

Married, ~~Singl~~ Widowed Name of Wife or Husband Yellow Hardman

Father's Name Milton Hardman Father's Birthplace W. Va

Mother's Maiden Name Blount Knott Mother's Birthplace

Name of person giving Information Harry Horensch How related to deceased Brother

CAUSES OF DEATH

Primary Run over by C. & P. R. R. train How long Immediate

Immediate Decapitation. How long "

Are the name, age, sex, color, date and place correctly given above?

Yes

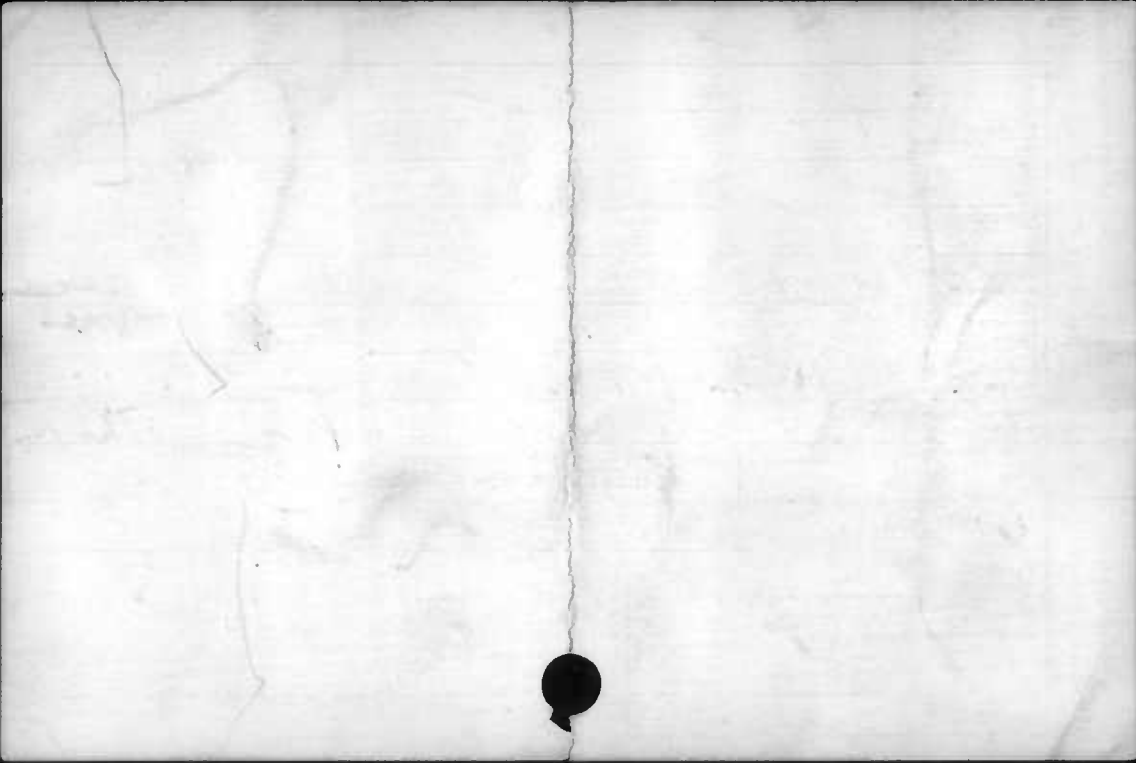
Signature of

Address

CoronerJohn J. Dressman
Comm'd, Md.

Accident or Suicide

AccidentPHYSICIAN
OR CORONER



Name
in
Full

Dora Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frontburg Allegany MARYLAND
 Date of death 1900 Month 2 Day 25 Age 27 Months 7 Days —
 Sex female Color or Race white Birth-place Allegany Co.
 Occupation N. W. Where Residing if not at place of death —
 Married, Single or Widowed married Name of Wife or Husband Edwin Hawkins
 Father's Name John Hunt Father's Birthplace W. Va.
 Mother's Maiden Name May E. Dayton Mother's Birthplace W. Va.
 Name of person giving Information Richard Hunt How related to deceased Brother

CAUSES OF DEATH

Primary Tuberculosis How long 18 mo
 Immediate 4 How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Frostburg F.
M^r Glucke

Name
in
Full

Michael Higgins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	^{Town} Vale Summit	^{County} Allegany	MARYLAND			
Date of death	1980	Month July	Day 12	Age 68	Months	Days
Sex	male	Color or Race	Irisle	Birth-place	Ireland	
Occupation	Miner	Where Reslding if not at place of death				
Marriad, Single or Widowed	Married	Name of Wife or Husband Delaney				
Father's Name	Michael Higgins	Fathar's Birthplace Ireland				
Mothar's Maiden Nama	Unknown	Mothar's Birthplace "				
Nama of person giving Information	Frank Rogan	How related to deceased Eldest child				

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary	Cancer Lower jaw	How long	1 year.
Immediate	Neuroblastoma	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide		Frostburg, Md.	

Jacob Higgins
Catholic

Name
in
Full

Kellie' Amanda Hinkle

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumberland Alleg.

Date

1900

Month

Feb.

Day

13

Age

Years

24

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ind.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

James O Hinkle

Father's
Birthplace

Ind.

Mother's
Maiden Name

P. Virginia Wilson

Mother's
Birthplace

Ind.

Name of person giving
Information

James Matthews

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Epileptic Convulsions

How long

10 hours

Immediate

Coma

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. B. Brace

Address

Cumberland Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full		Town		County		STATE	
George Hogan (Rev. Brother Edmund)		Cumberland		Alleg		MARYLAND	
Died at		Month		Day		Years	
Date of death 1900		Feb.		11		Age 61	
Sex		Color or Race		Birth-place		Months	
Male		White.		New York City		Days	
Occupation		Where Residing if not at place of death		Teacher (Christian Brother)		Smallwood St.	
Married, Single or Widowed		Name of Wife or Husband		Single		None	
Father's Name		Father's Birthplace		Patrick Hogan		N.Y.	
Mother's Maiden Name		Mother's Birthplace		Catherine Dorealme		+	
Name of person giving Information		How related to deceased		Thomas Hogan		Bro.	
CAUSES OF DEATH							
Primary		How long		Lobar Pneumonia		5 days.	
Immediate		How long		Asphyxia		12 hrs.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		yes		A. J. DeLaurier	
Stein Ammendale Md.		Address		In Cumberland		Mrs.	
Accident or Suicide							

Ammendale

Prin George Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i> Town		<i>Alligany</i> County		MARYLAND	
Date of death	<i>1900</i>	Month	<i>Feb</i>	Day	<i>6</i>
Age	<i>8-8</i>		Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Miner</i>		Birth-place	<i>Ireland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Susan M. Harland</i>	
Father's Name	<i>James Holmes</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Mary Stewart</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>Mr. J. M. Holmes</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal tuberculosis</i>		How long	<i>Two years</i>
Immediate	<i>Stenosis of larynx & trachea</i>		How long	<i>One month</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>A. B. Skilling M.D.</i>		
Address		<i>Lonaconing</i>		
Accident or Suicide?		<i>No</i>		



Name
In
Full

Violet A Kalbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

of death

1940

Month

Feb

Day

1

Age

Years

22

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Cecil Kalbaugh

Father's
Name

Henry Gehauf

Father's
Birthplace

Md

Mother's
Meiden Name

Mary Davis

Mother's
Birthplace

Md

Name of person giving
Information

Cecil Kalbaugh

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Tuberculosis (Probably)

How long

3 mos

Immediate

Hemorrhage from lung

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Steu



Dr. L Owens
Cumberland Md

Accident or Suicide

no

PHYSICIAN
OR CORONER

1 Don 12 month

Name
in
Full

(Premature Infants)

Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *S. Cumberland* Town*Allegheny* County

MARYLAND

Date of death *1940 Feb* MonthDay *27*

Age Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *MD.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's Name *James Keller*Father's Birthplace *W. Va.*Mother's Maiden Name *Marietta French*Mother's Birthplace *MD.*Name of person giving
information *Marietta Keller*How related
to deceased *Wife*

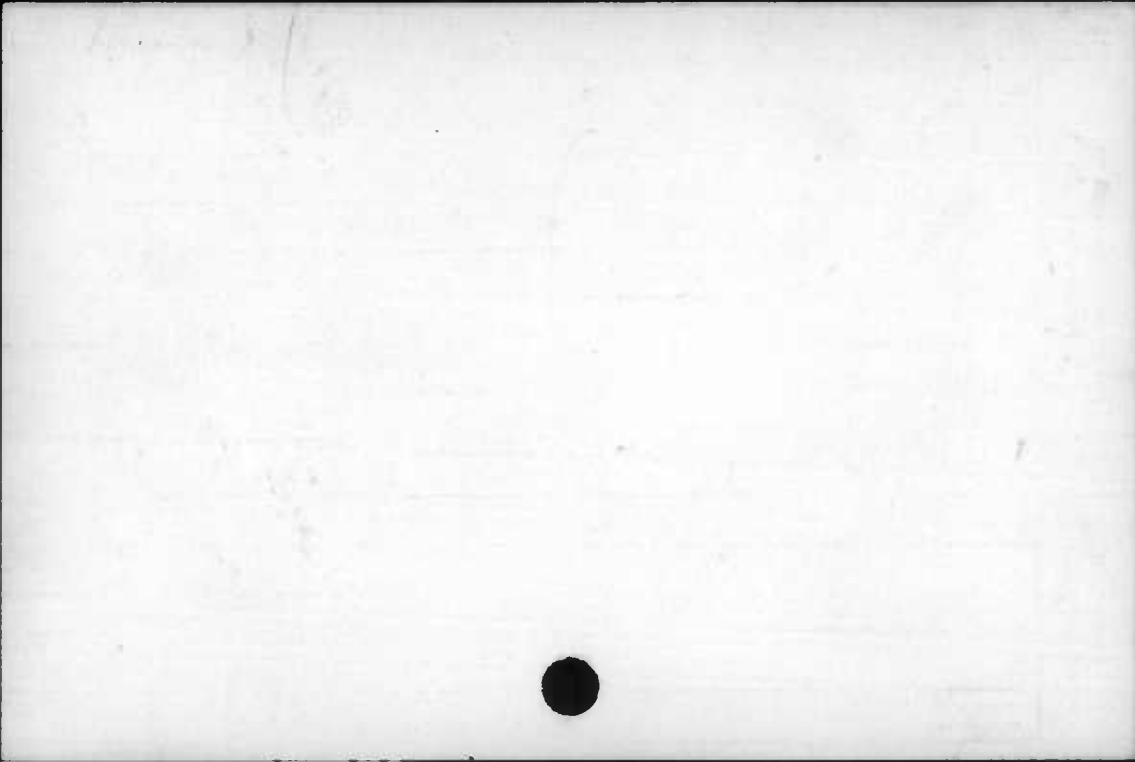
CAUSES OF DEATH

151

Primary *Prem. Birth 28th Mo.*How long *1 yr*Immediate *Exhaustion*How long *1 yr*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *E. L. Broadnax, MD*

Address

Accident or Suicide? *no**95 Va. av.*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susan V Keys* Town *Camden* County *Allegheny* MARYLAND

Died at *Camden* Date of death *1900* Month *2* Day *13* Age *67* Months *2* Days *10*

Sex *Female* Color or Race *White* Birth-place *W Va*

Occupation *House Wife* Where Residing if not at place of death *Camden*

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph Keys*

Father's Name *Thomas Carroll* Father's Birthplace *England*

Mother's Maiden Name *Mary Snodgrass* Mother's Birthplace *W Va*

Name of person giving Information *Joseph Keys* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Carcinoma of Breast & Lids* How long *1 yr*

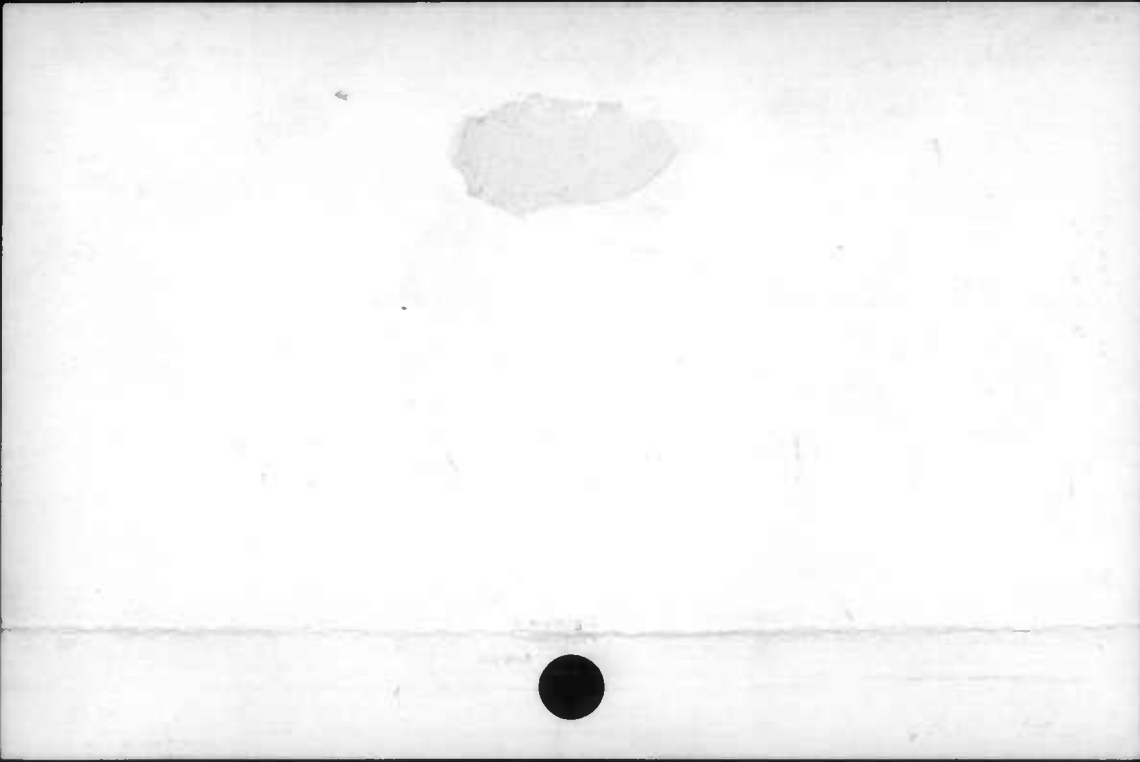
Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo L Broadus MD* Address *Camden W Va*

Accident or Suicidal *No*

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

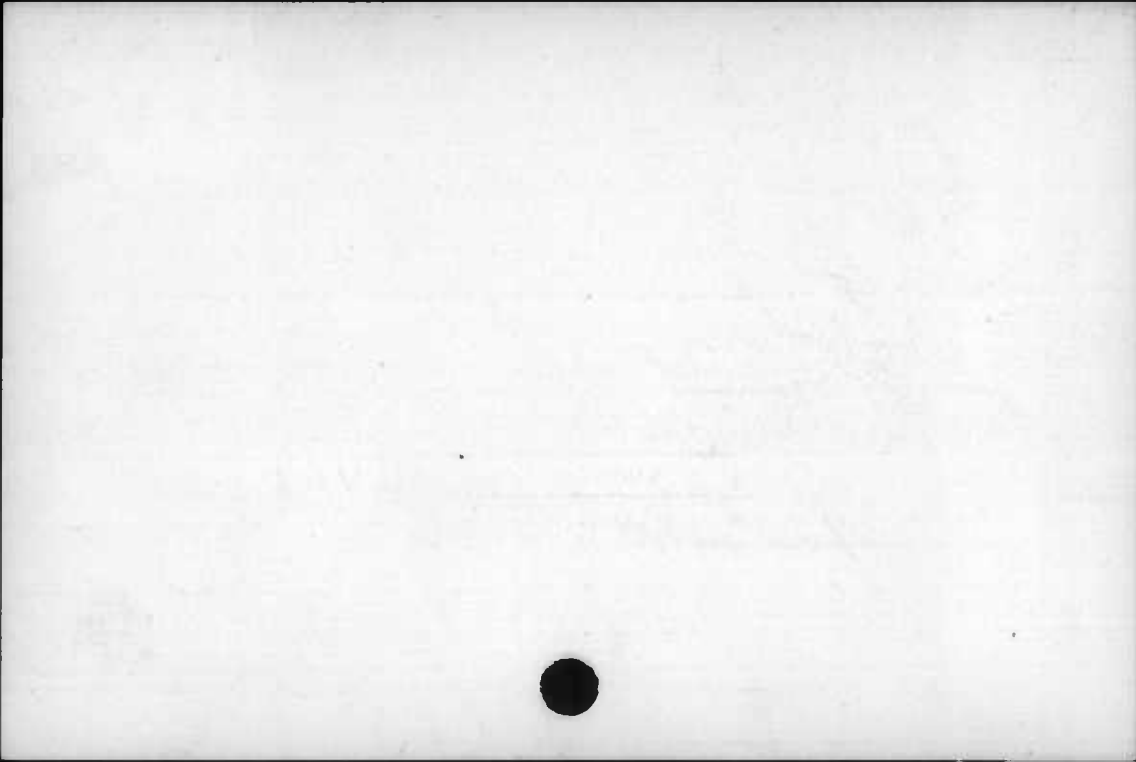
Name in Full <i>Margaret Larrid</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Lonaconing</i>		Date of death <i>1960 Feb 15</i>		Age <i>35</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Lonaconing</i>		Months <i>4</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Abram Larrid</i>		Father's Birthplace <i>Lonaconing</i>					
Mother's Maiden Name <i>Fannie Moffat</i>		Mother's Birthplace <i>Pekin</i>					
Name of person giving information <i>Abram Larrid</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>Five days</i>
Immediate <i>Convulsions</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Skilling M.D.</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Gaskley

Town

County

MARYLAND

Died at *Burr*

Years

Months

Days

Date of death 19*60* *Feb*

Month

Day

Age

Sex
Occupation

Male

Color or
Race

White

Birth-
place

Md

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

William Gaskley

Father's
Birthplace

Md

Mother's
Meiden Name

Hilda Winters

Mother's
Birthplace

Delaware

Name of person giving
Information

Matilda Dorn

How related
to deceased

none

nurse

CAUSES OF DEATH

Primary

Premature Birth 5 1/2 months

How long

not known

Immediate

How long

not known

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. Gaskley
Cumbehard Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H Lewis*
Town *Throbbing*

County *Alley*

MARYLAND

Died at *Throbbing*
Date of death *1960 Feb 26* Age *68* Months *10* Days *22*

Sex *M* Color or Race *W* Birth-place *W Md*

Occupation *High Watchman* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *Calenor Lewis*

Father's Name *John F Lewis* Father's Birthplace *Wales*

Mother's Maiden Name *Annie Lewis* Mother's Birthplace *Wales*

Name of person giving Information *Jno S Lewis* How related to deceased *Son*

CAUSES OF DEATH

(10) ✓

Primary *Croup & Bronchitis* How long *Ten days*

Immediate *Do not know, dead suddenly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]*
Address *Throbbing Md*

PHYSICIAN
OR CORONER

Accident or Suicide

Frostburg Summit and

Allegany Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

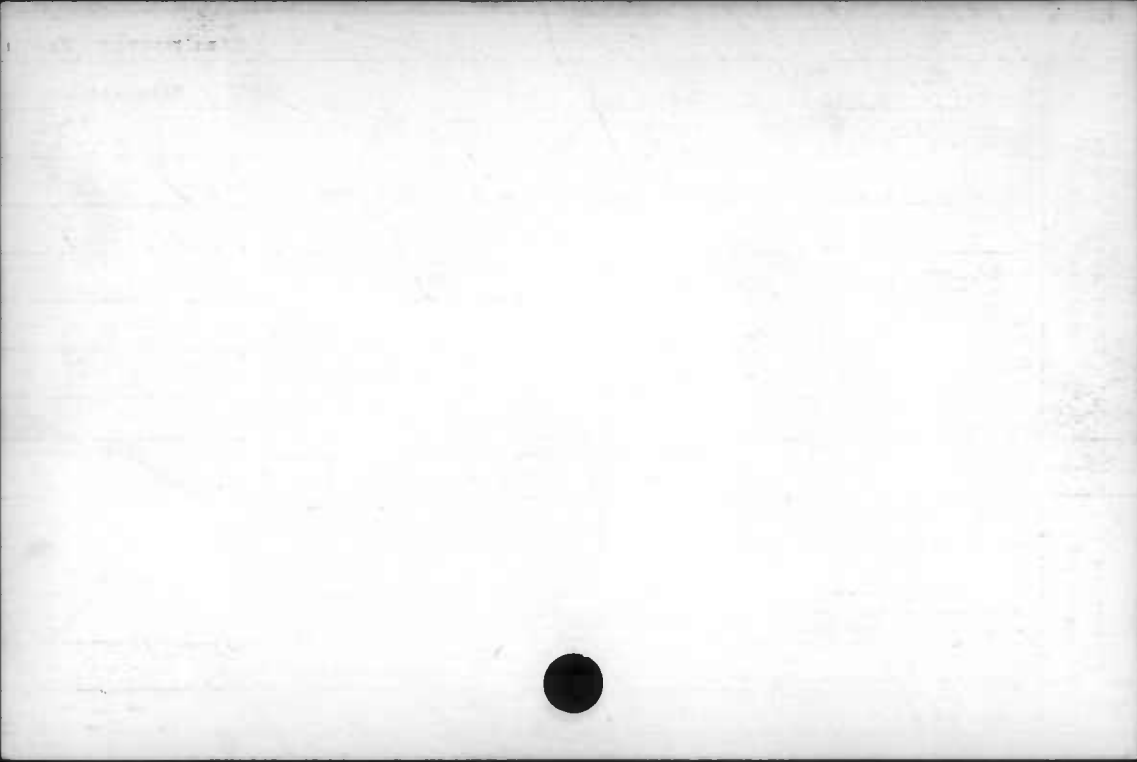
Name <i>Floyd Sprigg Long</i>		Town <i>Cumberland</i>		County <i>allsgary</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>2</i>		Day <i>24</i>		Years <i>39</i>	
Date of death <i>19010</i>		Month <i>2</i>		Day <i>24</i>		Age <i>39</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>md</i>		Months <i>x</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Cumberland</i>		Days <i>x</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>	
Father's Name <i>J. Hampton Long</i>		Mother's Maiden Name <i>Sarah E. Sprigg</i>		How related to deceased <i>Brother</i>			
Name of person giving Information <i>F. S. Deekens</i>							

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown disease from birth</i>	How long	<i>39 years</i>
Immediate	<i>General exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. Wiley</i>	
		Address <i>Cumberland Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

James E Macbeth

Town

County

Died at Cumberland

Allegheny

Date

Month

Day

Years

Months

Days

of death 1900

July

20

Age

49

7

16

Sex

Male

Color or
Race

White

Birth-
place

Delaware City

Occupation

Lawyer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Bertrude

Father's
Name

James W. Macbeth

Father's
Birthplace

Scotland

Mother's
Maiden Name

Sarah Redmond

Mother's
Birthplace

England

Name of person giving
Information

Bertrude Macbeth

How related
to deceased

Wife

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

2 yrs

Immediate

uremic poisoning

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos. H. Snow

Address

Cumberland,
Md

Accident or Suicide

PHYSICIAN
OR CORONER

May 4 - 1860 -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Michael</i>		Town <i>Frostburg</i>		County <i>Alligany</i>		MARYLAND			
Died at <i>Frostburg</i>		Date of death <i>1940 Feb 20</i>		Age <i>52</i>		Months <i>11</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va.</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Edgar W. Michael</i>							
Father's Name <i>Al C. Bride</i>		Father's Birthplace <i>W. Va.</i>							
Mother's Maiden Name <i>Cox</i>		Mother's Birthplace <i>W. Va.</i>							
Name of person giving information <i>E. W. Michael</i>		How related to deceased <i>Husband</i>							

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary <i>Lagrippe</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Livingston, M.D.</i>
	Address <i>Frostburg</i>
Accident or Suicide?	<i>J. M. J.</i>

Frostburg Iron & Steel Co

Allegany Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary B. Michael

Town

County

Died at

Date

of death 1940

Month

Feb

Day

18

Years

Age 26

Months

5

Days

10

MARYLAND

Sex

Female

Color or
Race

white

Birth-
place

Iowa

Occupation

Housekeeping

Where Residing If not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Edgar M Michael

Father's
Birthplace

Frostburg Md

Mother's
Maiden Name

Margaret Mc Bride

Mother's
Birthplace

Iowa

Name of person giving
In formation

Edgar M Michael

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

Heart Failure

How long

instant

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

G. L. Linger

Frostburg Md

Accident or Suicide?

PHYSICIAN
OR CORONER

Allegheny Cemetery

Frostburg Turn & Road Co.

Name
in
Full

Ollie Miller

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Brown Mountain

allsgany

Date

1910

Month

2

Day

24

Age

Years

75

Months

+

Days

X

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

House Wife

Where Residing if not
at place of death

Brown Mountain

Married, Single
or Widowed

Single

Name of Wife or
Husband

Alon

Father's
Name

Isiah Dickens

Father's
Birthplace

Pa

Mother's
Maiden Name

Dont Know

Mother's
Birthplace

Dont Know

Name of person giving
Information

Henry Rice

How related
to deceased

S Son

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

3 yrs

Immediate

Uremic Poisoning

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Thos. H. Loew

Address

Cumbersburg

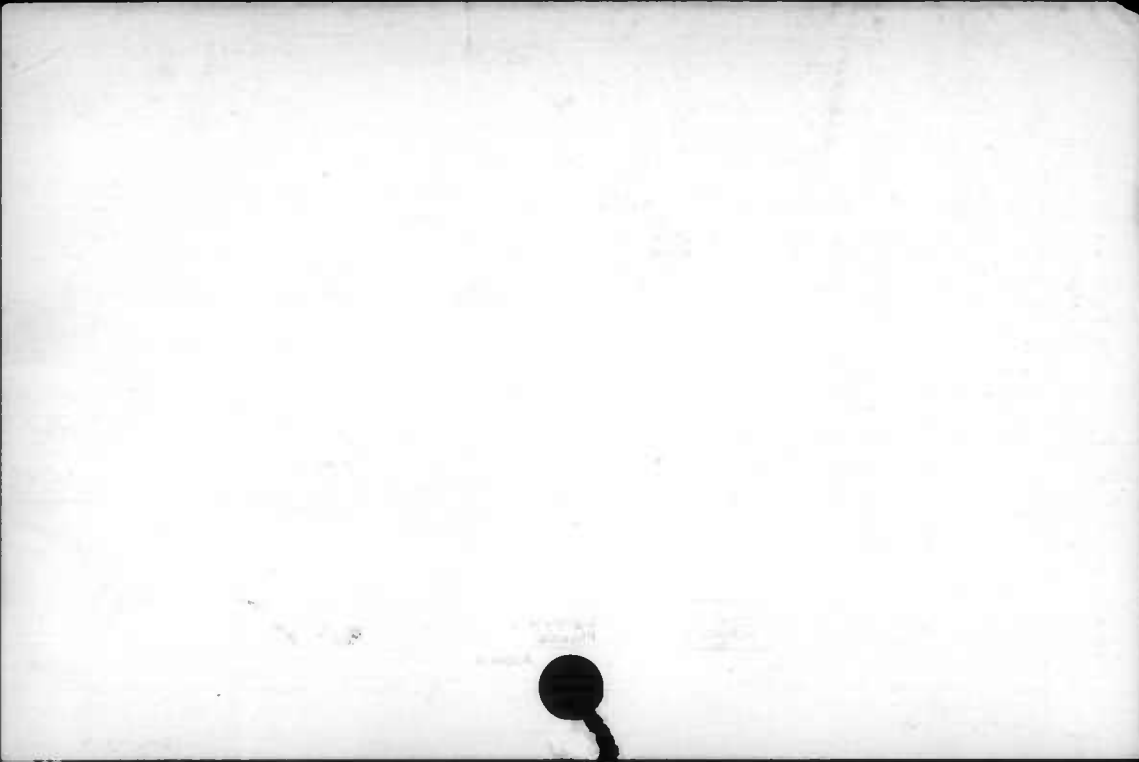
Pa

Accident or Suicide

Ill

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Henry Miller*
Town *Cumberland* County *Alleg.*

Died at *Cumberland* *Alleg.*
Date of death *1960 Feb. 10* Age *45* Months *5* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Stone Mason* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Anna Wagner*

Father's Name *Vibau Miller* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Parig* Mother's Birthplace *Ind*

Name of person giving Information *Walter Miller* How related to deceased *Bro.*

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary *General Tuberculosis* How long *3 mos.*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician *A. L. Laubel*
Address *Cumberland Md*

Accident or Suicide *—*

4 children

2 Girls 2 boys

died 3 A m this morn af
Tuberculosis of Throat after illness
of 8 weeks Sat morn 9 17 Pm
I Paul attended 1133 Madison St

2 children

Name
in
Full

CERTIFICATE OF DEATH

David Murrie

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtand</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1980</u> ^{Month} <u>2</u> ^{Day} <u>3</u>		Age <u>65</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Scotland</u>	
Occupation <u>Truck Foreman</u>		Where Residing if not at place of death <u>Cumtand</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Clara & S. Horn Murrie</u>			
Father's Name <u>William Murrie</u>		Father's Birthplace <u>Scotland</u>			
Mother's Maiden Name <u>Elizabeth Wilson</u>		Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Clara Murrie</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>months</u>
Immediate	<u>Heart Failure</u>	How long	<u>few days</u>

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

J. H. Sachsman

Address

Accident or Suicide

Bedford Pa

Dr. Goodman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Naughton</i>		Town <i>Cumberland</i>		County <i>Alleg</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>Feb.</i>		Day <i>10</i>		Year <i>50</i>	
Date of death <i>1900</i>		Month <i>Feb.</i>		Day <i>10</i>		Year <i>50</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married.</i>		Name of Wife or Husband <i>Wm. H. Naughton</i>					
Father's Name <i>William Conroy</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Anna Kelly</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Wm. H. Naughton</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's with complications</i>		How long <i>About 2 yrs.</i>	
Immediate <i>Heart failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. L. Denning M.D.</i>	
<i>Heu.</i>		Address <i>104 N. Center St Cumberland Md</i>	
Accident or Suicide <i>—</i>			

Anna
William
Begin old
Lifton

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James L O'Neal *H*

Town *Baltimore* County *Pike* MARYLAND

Died at *Baltimore Pike*

Date of death *1910* Month *2* Day *24* Age *65* Years Months *X* Days *X*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *Balt Pike*

Married, Single or Widowed *Married* Name of Wife or Husband *Mollie*

Father's Name *Edward O'Neal* Father's Birthplace *md*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving Information *Harry O'Neal* How related to deceased *Son*

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

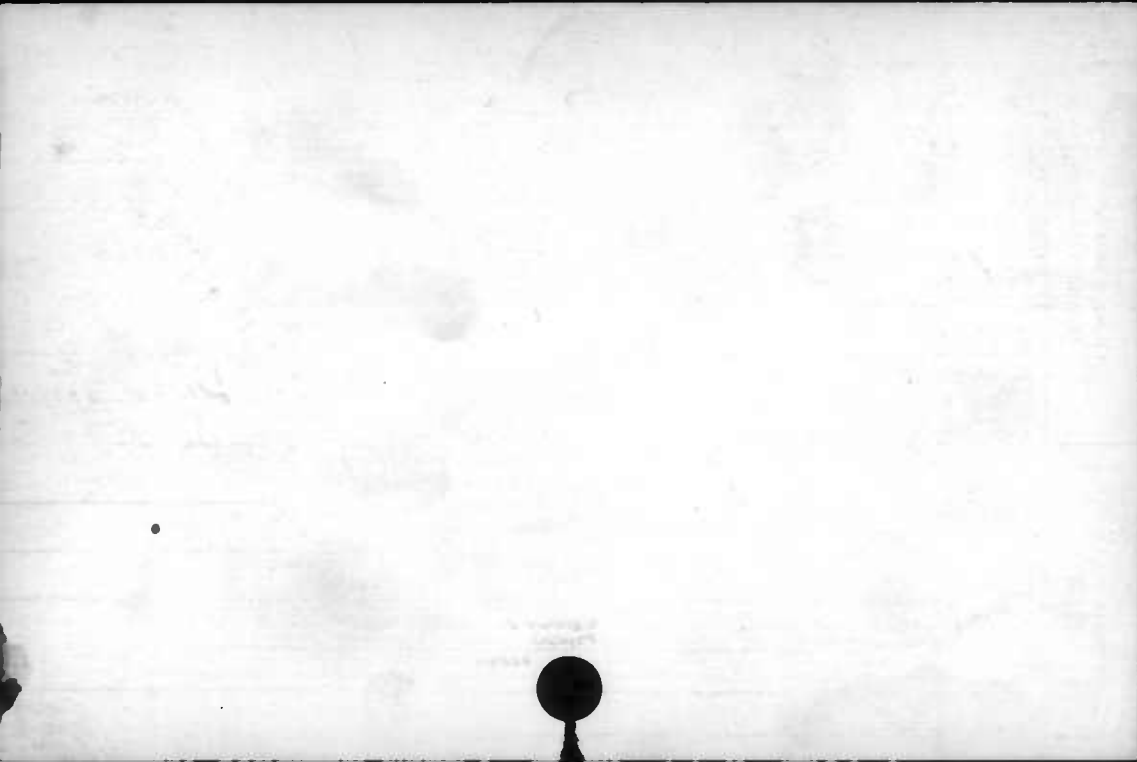
Primary *Leg Ulcer* How long *10 years*

Immediate *Don't know* How long

Are the name, age, sex, color, date and place correctly given above?
J L W

Signature of Physician *H. W. Hurlberson* Address *Cumberland Md*

Accident or Suicide *No*



Name
in
Full

Infant Mr. & Mrs. B. J. O Neal

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumberland Alleg.

Date

of death

1940

Month

Feb.

Day

8

Age

Years

—

Months

—

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Cumuld.

Occupation

—

Where Residing If not
et place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

B. J. O Neal

Father's
Birthplace

Bed. Co. Pa.

Mother's
Maiden Name

Susan Garlick

Mother's
Birthplace

Md.

Name of person giving
Information

B J O Neal

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Premature - 8 mos. intrauterine

How long

Half hour

Immediate

Lack of development

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. R. Hodges

Address

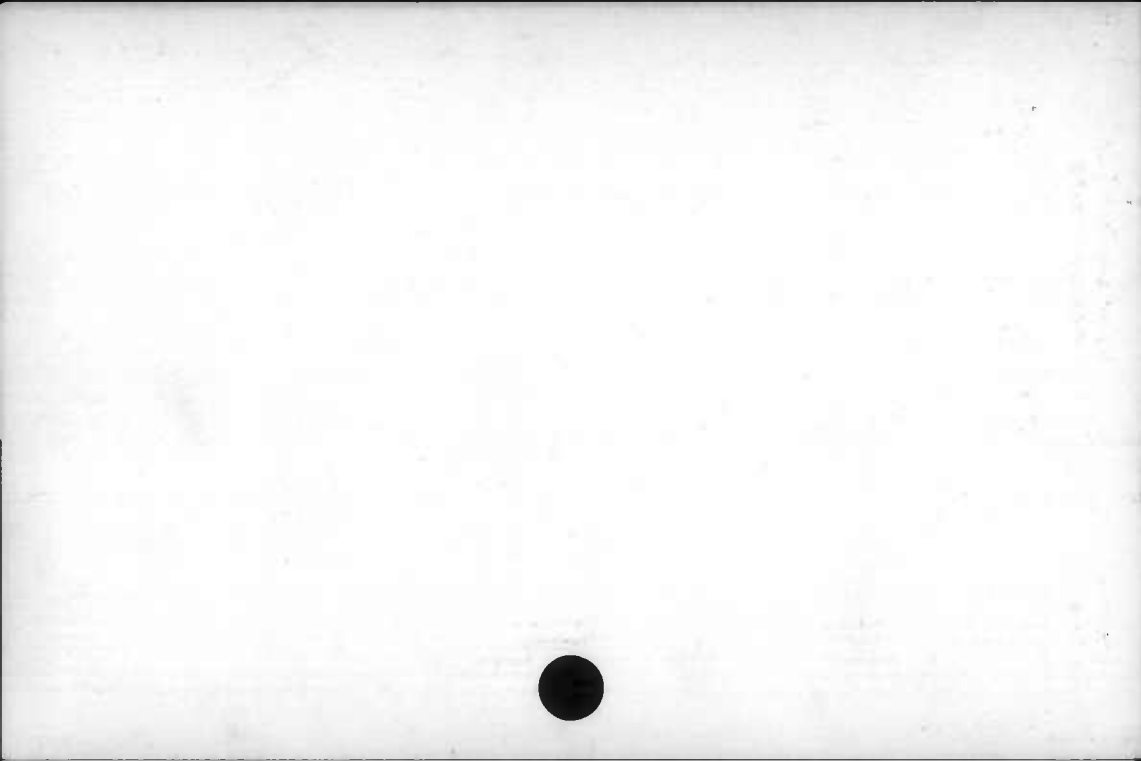
Hodges
Cumberland, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

151



Name
in
Full

Charles B Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

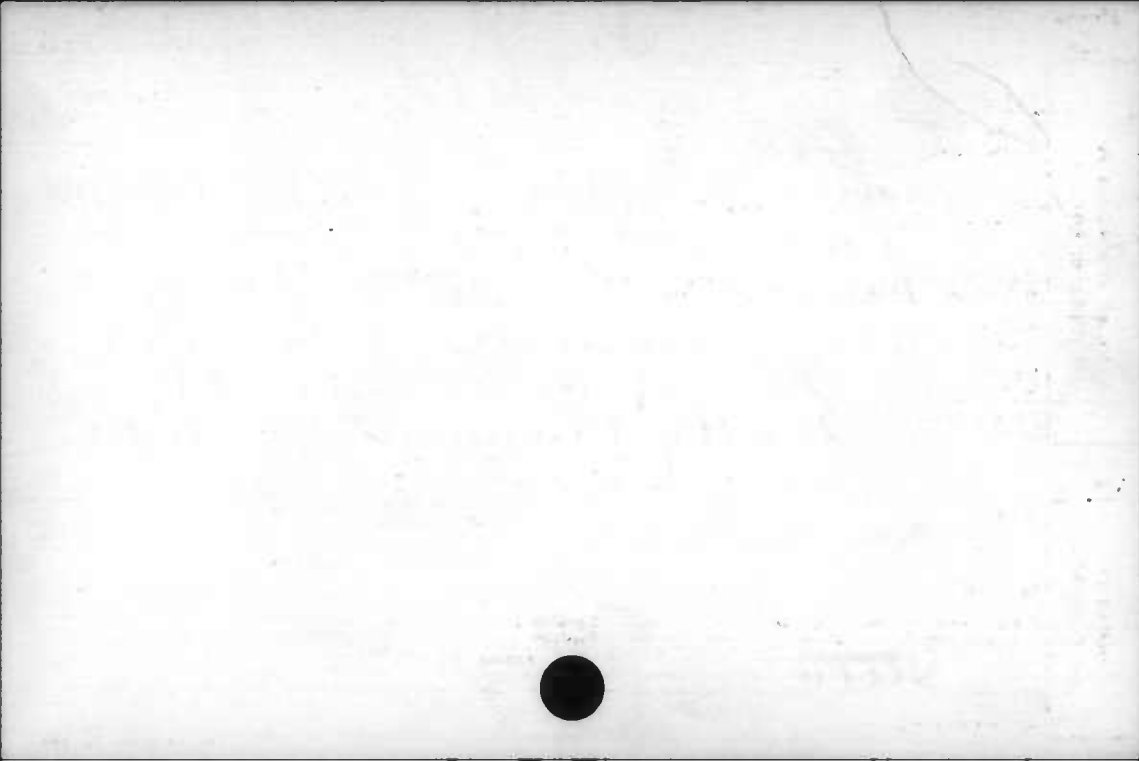
MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
1900		Feb.	4	38			
Sex	Male	Color or Race	White	Birth-place	Balto. Md.		
Occupation	Labour			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Dorothy Young							
Father's Name	John Plummer			Father's Birthplace	D.K.		
Mother's Maiden Name	Do not know			Mother's Birthplace	D.K.		
Name of person giving Information	Dorothy Plummer			How related to deceased	Wife		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Chr. suppurat. Otitis media 20 yrs, steadily worsen. Otitis		How long	9 weeks
Immediate	Suppurat. Otitis media, brain abscess, ex. haem. r. m.		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. Y. Fecht Jr.
Steen		Address	Cumberland Md.	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret J. Porter</i>				Town <i>Eckhart</i>		County <i>Accy</i>		MARYLAND	
Died at <i>Eckhart</i>		Month <i>2</i>		Day <i>12</i>		Years <i>1</i>		Months <i>2</i>	
Date of death <i>1900</i>		Age <i>1</i>		Color or Race <i>W</i>		Birth-place <i>Eckhart Md</i>		Days <i>—</i>	
Sex <i>F</i>		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>George Scumtree</i>		Mother's Maiden Name <i>Mollie Porter</i>		Name of person giving information <i>Curry Porter</i>		Father's Birthplace <i>W. Va</i>		Mother's Birthplace <i>Md</i>	
						How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe - Cys Bronchitis</i>	How long <i>one week</i>
Immediate <i>Gastro - Enteritis Exhaustive</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. G. Smith</i>
	Address <i>Thurmont Md</i>
Accident or Suicide? <i>—</i>	

Throstling Turn Turdus

Parter Graveyard

Name
in
Full

Pearl E. Preston

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumberland Alleg.

Date

of death 1900

Month

Feb.

Day

12

Age

Years

1

Months

2

Days

—

Sex

Female

Color or
Race

Colored

Birth-
place

Cumbld.

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Wm. Bullett

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Hattie Preston.

Mother's
Birthplace

Cumberland

Name of person giving
Information

Cora Preston.

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Inanition

How long

Ser. mo

Immediate

spasm.

How long

Ser. hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

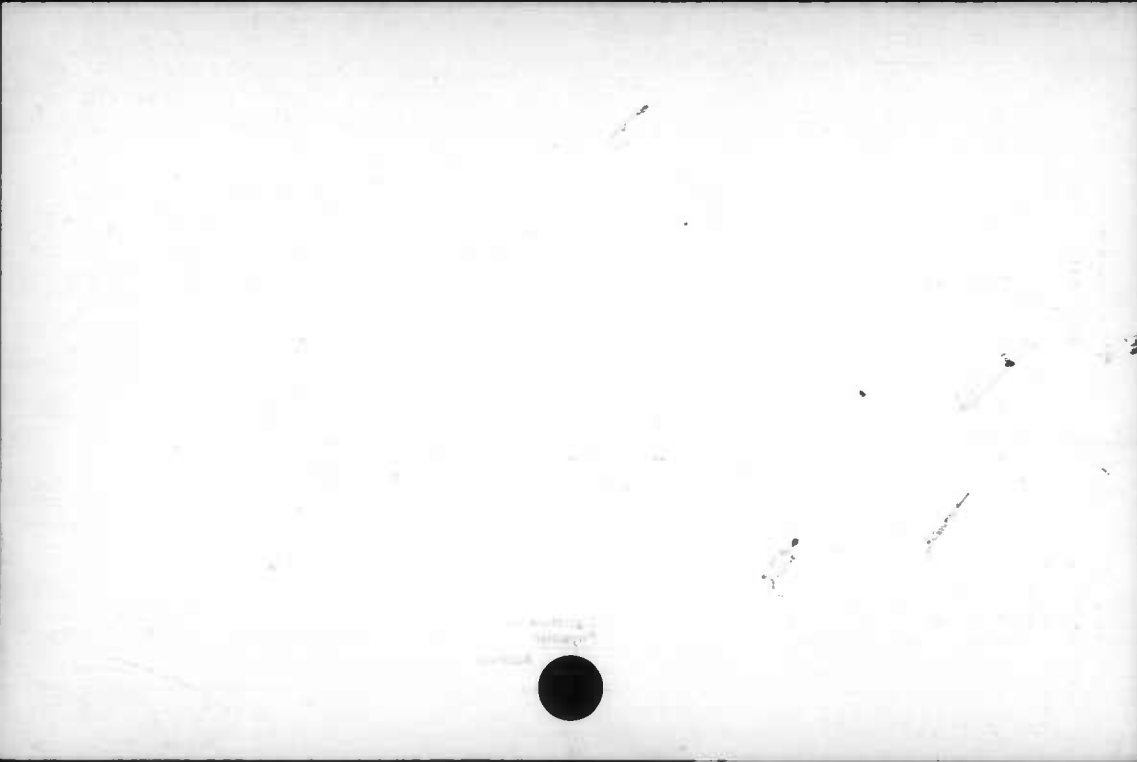
O. H. Grace M.D.

Address

Cumberland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Zada C Reed

Town

County

MARYLAND

Died at

Cumtulaud alley

Date

of death

1900 Feb.

Day

21

Age

Years

17

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Pa.

Occupation

Housewife

Where Residing if not
at place of death

Va. ave.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elmer Reed

Father's
Name

Wm. Mc Elroe

Father's
Birthplace

D.K.

Mother's
Maiden Name

Rhoda Bard

Mother's
Birthplace

D.K.

Name of person giving
Information

Elmer A Reed

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 weeks

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. F. ...
Cumtulaud

Accident or Suicide

Mr. ... Pa.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Fred Parsons

Wilford St.

Mt Union, Pa.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Adam Reichelt*
Town *Sonoma* County *Allegheny*

Died at *Sonoma* Date of death *1900 Feb 24* Age *6* Months *11* Days *-*

Sex *male* Color or Race *white* Birth-place *Sonoma*

Occupation *School* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Adolph Reichelt* Father's Birthplace *Sonoma*

Mother's Maiden Name *Lizzie Smith* Mother's Birthplace *Frostburg*

Name of person giving Information *Mrs Lizzie Reichelt* How related to deceased *mother*

CAUSES OF DEATH

9 ✓
How long *3 days*
How long *1 hour*

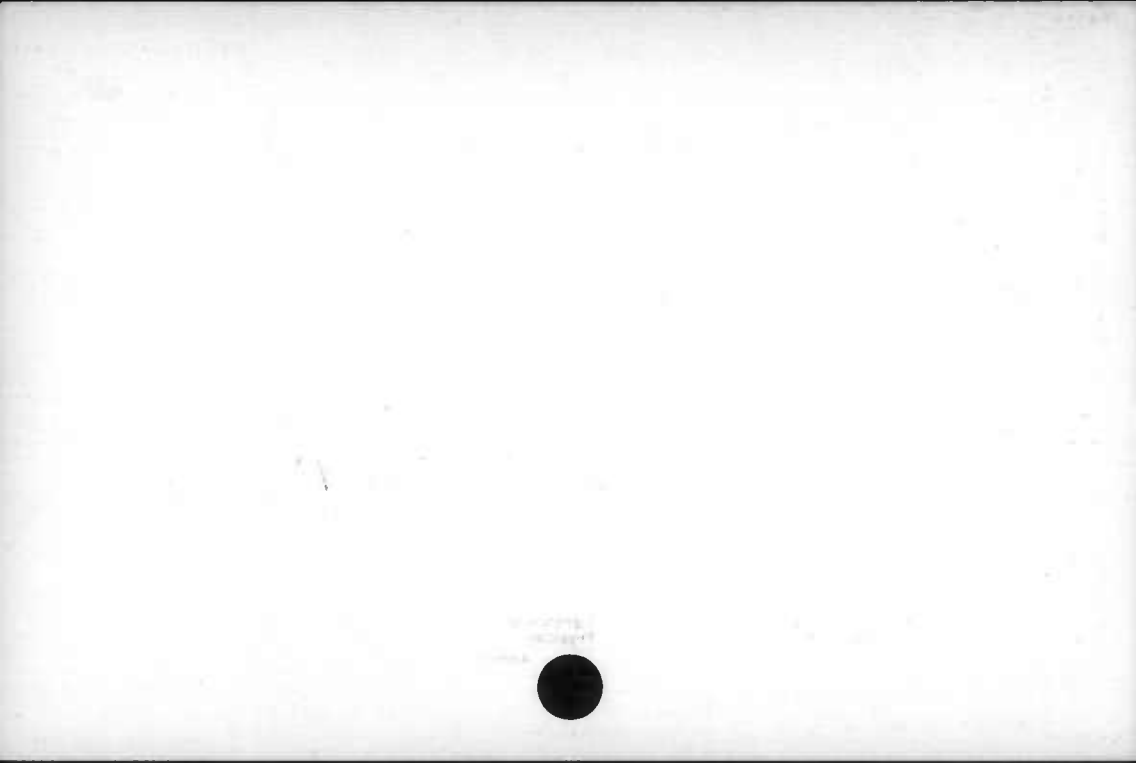
Primary *Membranous Croup*
Immediate *Convulsions*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James O. Bullock Jr.*
Address *Sonoma Maryland*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Robertson* Town *Gilman* County *Allegheny*

Died at *Gilman* Month *Feb* Day *19* Years *1* Months *2* Days *—*

Date of death 19*10* Age *1*

Sex *Male* Color or Race *White* Birth-place *Gilman*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Charles Robertson* Father's Birthplace *Lonaconing*

Mother's Maiden Name *Margaret Thompson* Mother's Birthplace *"*

Name of person giving Information *Mrs. Charles Robertson* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

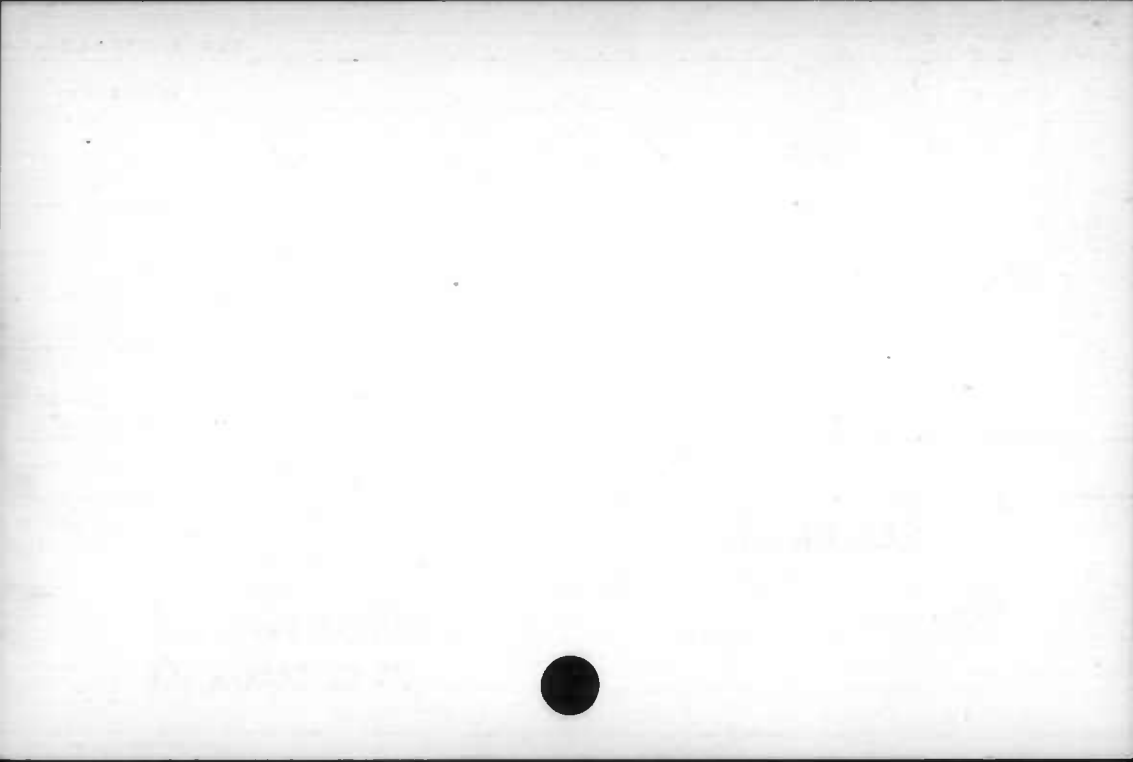
Primary *Rachitis* How long *Since birth*

Immediate *Capillary Bronchitis* How long *200 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Skilling M.D.* Address *Lonaconing*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

infant Robinson
Town County

Died at Cumberland Alle

Date of death 1900 16 Age 1
Month Day Years Months Days

Sex Male Color or Race White Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Win Robinson Father's Birthplace West Va

Mother's Maiden Name Louisa Philips Mother's Birthplace Pa

Name of person giving Information Win Robinson How related to deceased Father

CAUSES OF DEATH

Primary Stillborn How long

Immediate " How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E H Braeum D

Address H O Allen Co

Accident or Suicide

PHYSICIAN
OR CORONER

seen of a few in

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leather Rosenmeyer
 Died at *Cumberland* Town *Allegheny* County

MARYLAND

Date of death 19*06* Month *Feb* Day *25* Age *45* Years Months Days

Sex *male* Color or Race *White* Birth-place *Cumberland*

Occupation *Printer*

Where Residing if not
at place of death *—*

Married, Single
or Widowed *Married*

Name of Wife or
Husband

Mollie Rosenmeyer

Father's
Name *Henry Rosenmeyer*

Father's
Birthplace *Germany*

Mother's
Maiden Name *Margaret Engblight*

Mother's
Birthplace *Germany*

Name of person giving
Information *Mollie Rosenmeyer*

How related
to deceased *Wife*

CAUSES OF DEATH

27 ✓

Primary *Tuberculosis*

How long
about one year

Immediate *Exhaustion*

How long
several weeks

Are the name, age, sex, color, date
and place correctly given above? *Yes*

Signature of
Physician

Address

See

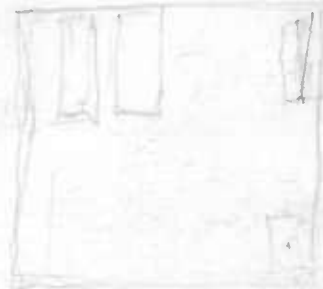
J. J. J. J. J.

med

Accident or Suicide

PHYSICIAN
OR CORONER

Letter Resonance



Name
in
Full

David Simons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ellerslie Town Md County
Date of death 1940 Month Feb Day 13 Age 89 Years 9 Months — Days —
Sex Male Color or Race White Birth-place Pa
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Widowed Name of Wife or Husband Juliana Zimmerman
Father's Name Fredrick Simons Father's Birthplace Pa
Mother's Maiden Name Dont know Mother's Birthplace DK
Name of person giving information Esther Simons How related to deceased Daughter

CAUSES OF DEATH

154

Primary Old Age How long 3 mo
Exhaustion How long 1 wk

Immediate
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J Carl Smith
Ellerslie
Md

Accident or Suicide

Son Geo Richmond Va
Mr Sarah Cook Bellone Ohio
Funeral Tuesday 10 a m at
the residence Harry Johnson
Rev Holiday officiating interment
Porter Cemetery

notify Mr Duff at Porter

Name
in
Full

CERTIFICATE OF DEATH

Josephine Sims
Town

County

MARYLAND

Died at

Carroll

August

Date

of death 1910 July

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Carroll

Occupation

None

Where Residing if not
at place of death

None

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

None

Father's
Name

Joseph H Sims

Father's
Birthplace

Ma

Mother's
Maiden Name

Mary J. Janger

Mother's
Birthplace

Hancock Md.

Name of person giving
Information

Joseph H Sims

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

2 wks.

Immediate

Exhaustion

How long

3 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Shugrue & Shand

Address

104 N. Mechanic

Accident or Suicide

George
Bertalan Spas

Berkely Spring W. Va.

Name
in
Full

CERTIFICATE OF DEATH

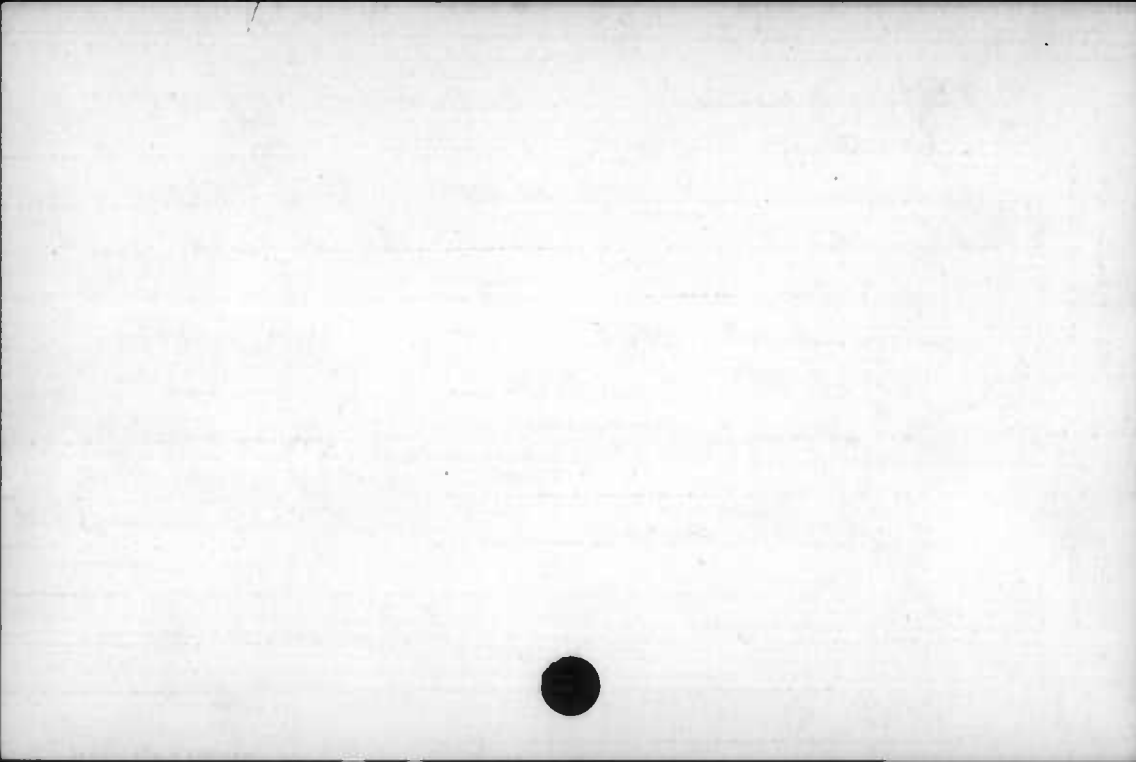
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> <small>Town</small>		<u>Shingler</u> <small>County</small>		MARYLAND	
Date of death <u>190</u>	<u>10</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>Years</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Frostburg</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband			
Father's Name <u>Unknown</u>			Father's Birthplace		
Mother's Maiden Name <u>Cora Shingler</u>			Mother's Birthplace		
Name of person giving information <u>Mrs. Shingler</u>			How related to deceased <u>Mother</u>		

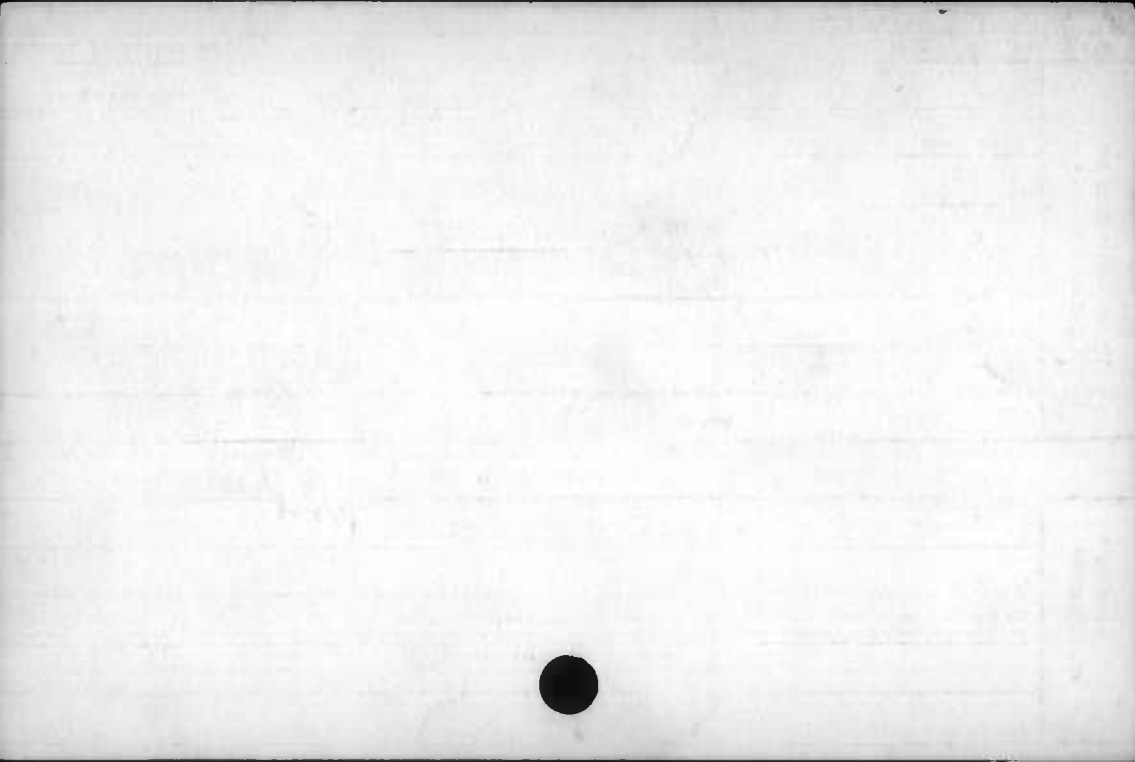
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Miscarriage 5 to 6 months</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. L. Conroy M.D.</u>	
	Address <u>Frostburg Md.</u>	
Accident or Suicide?		



Name in Full		Steel		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town Died at Cumberland		County Allegheny	
		Date of death 1900		Month Feb	
		Day 25		Age —	
		Sex Female		Color or Race white	
		Occupation shut		Birth- place Cumberland Md	
		Where Residing if not at place of death Cumberland Md			
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name William H. Steel		Father's Birthplace Md			
Mother's Maiden Name Elizabeth Mickie		Mother's Birthplace Md			
Name of person giving Information Elizabeth Steel		How related to deceased Mother			
✓		CAUSES OF DEATH		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 8 </div>	
PHYSICIAN OR CORONER		Primary Still born		How long —	
		Immediate —		How long —	
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. J. [unclear]	
		Address Cumberland			
Accident or Suicide? (In [unclear])				Md	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Cummd.* *Alleg* County
Date of death 19*00* *Feb* *8* Age *1* Months *11* Days

Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Harry Strohmenger* Father's Birthplace *Ind*

Mother's Maiden Name *Clara Miller* Mother's Birthplace *Ind*

Name of person giving Information *Harry Strohmenger* How related to deceased *Father*

CAUSES OF DEATH

Primary *Enterocolitis* How long *one week*
Immediate *Exhaustion* How long *" "*

Are the name, age, sex, color, date and place correctly given above?

Steel.

Signature of Physician

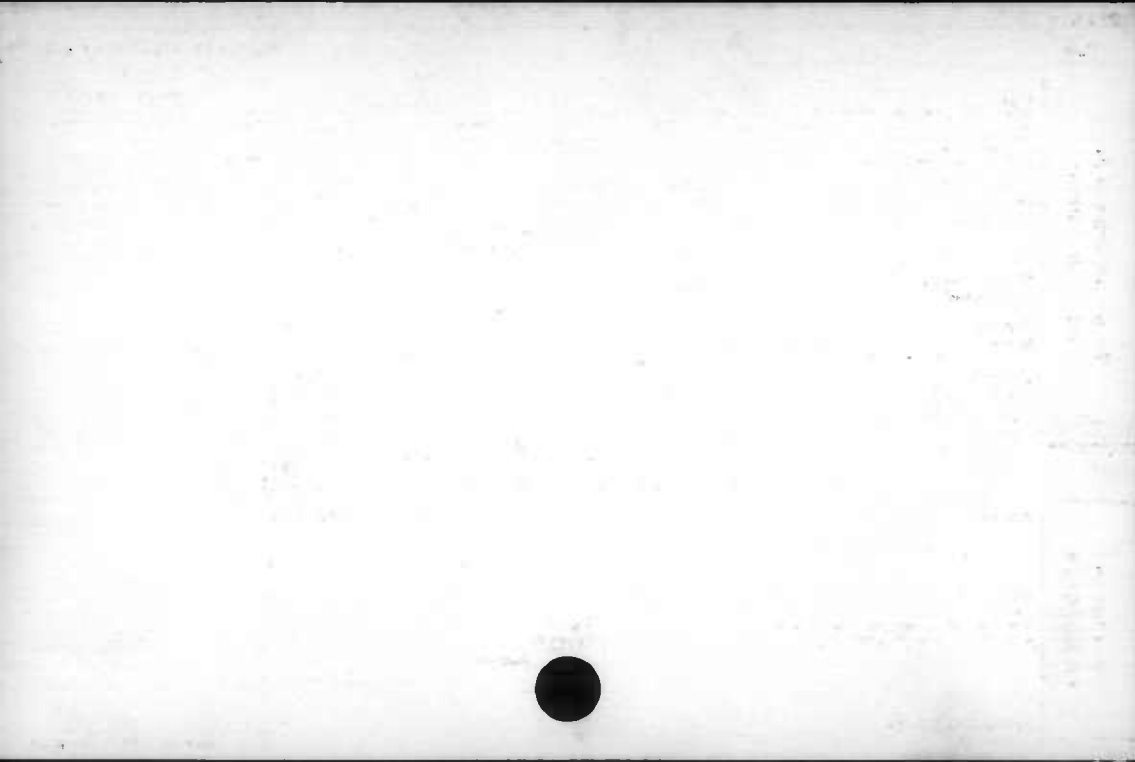
Address

J. H. Bachman
Cummd. Ind.
Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Harrison Swartzwelder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Town Alleghany County MARYLAND

Date of death Feb 18 1960 Month Feb Day 18th Years 69 Months 4 Days 24

Sex male Color or Race white Birth-place unknown

Occupation Pres. Cumb Gas Light Co ~~Where Residing if not at place of death~~

Married, Single or Widowed widowed Name of Wife or Husband Mary Carvalls Shriver

Father's Name Isaac Swartzwelder Father's Birthplace unknown

Mother's Maiden Name Sarah Rothbausts Mother's Birthplace unknown

Name of person giving Information Robert Shriver How related to deceased Brother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

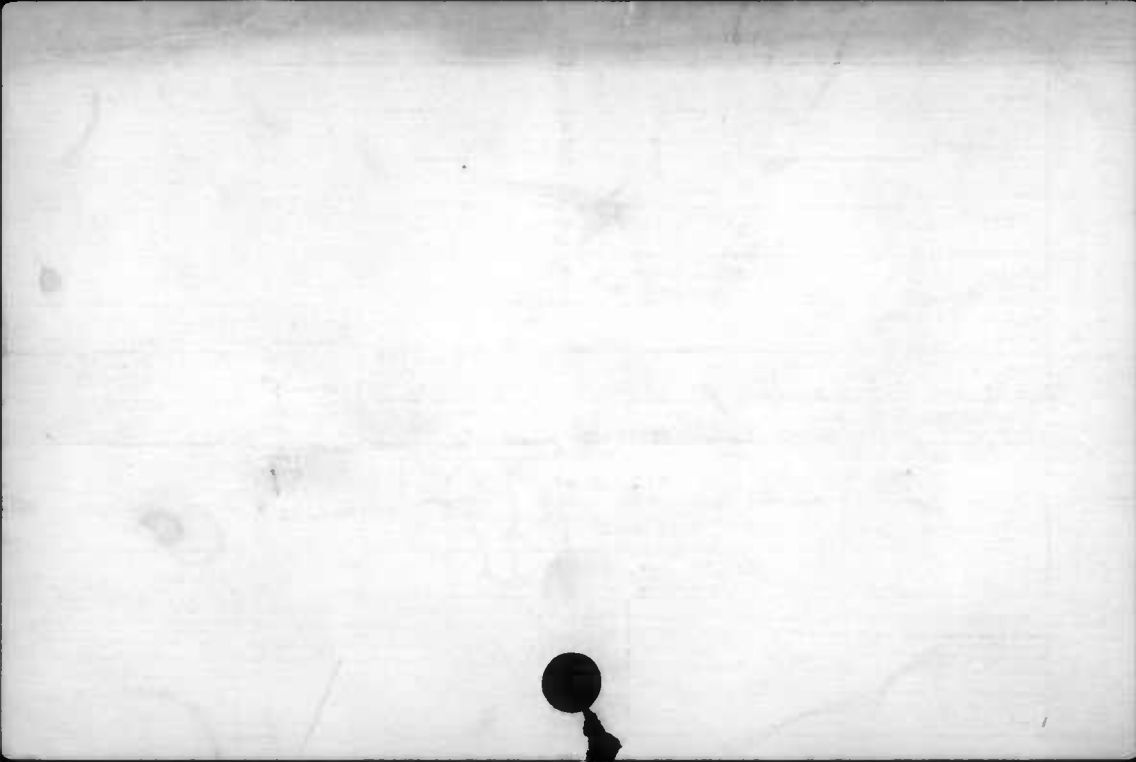
Primary Organic Heart disease How long 2 years

Immediate Cerebral embolus How long 3 days

Are the name, age, sex, color, data and place correctly given above? Yes, Signature of Physician James J. Johnson, M.D.

G. S. P. Address Cumberland Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Lloyd Francis Tashenberger
Town County

MARYLAND

Died at Spring gap.

Date of death 1900 Feb 23 Age 7
Month Day Years Months Days

Sex Male. Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Wm. Tashenberger

Father's Birthplace Germany.

Mother's Maiden Name Emma Little

Mother's Birthplace Spring gap.

Name of person giving Information Wm. Tashenberger

How related to deceased Father.

CAUSES OF DEATH

Primary Ileoc. colitis

How long 3 days

Immediate Exhaustion

How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thos W Kern (A.B.)

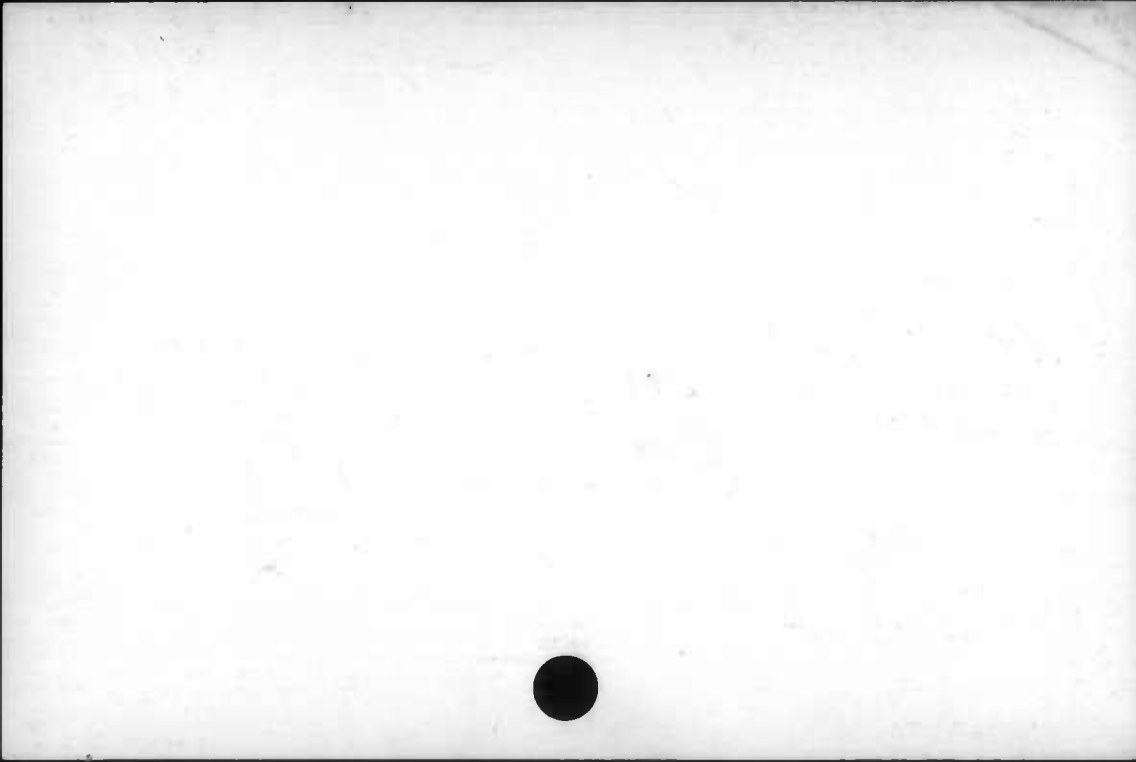
Address

Crown
ms

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Mrs. Eliza Jones Thomas

Town

County

MARYLAND

Died at

Lonacongon

Allegany

Date

of death

1960

Month

Feb

Day

12

Age

Years

76

Months

2

Days

Sex

Female

Color or Race

White

Birth-place

Wales

Occupation

Homemaker

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or Husband

George Thomas

Father's Name

Geo. Jones

Father's Birthplace

Wales

Mother's Maiden Name

Unknown

Mother's Birthplace

Name of person giving Information

Mrs. Geo. Thomas

How related to deceased

Daughter-in-law

CAUSES OF DEATH

64

Primary

Pneumonia, cerebral hemorrhage

How long

Immediate

cerebral hemorrhage Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry Dr. Hodges

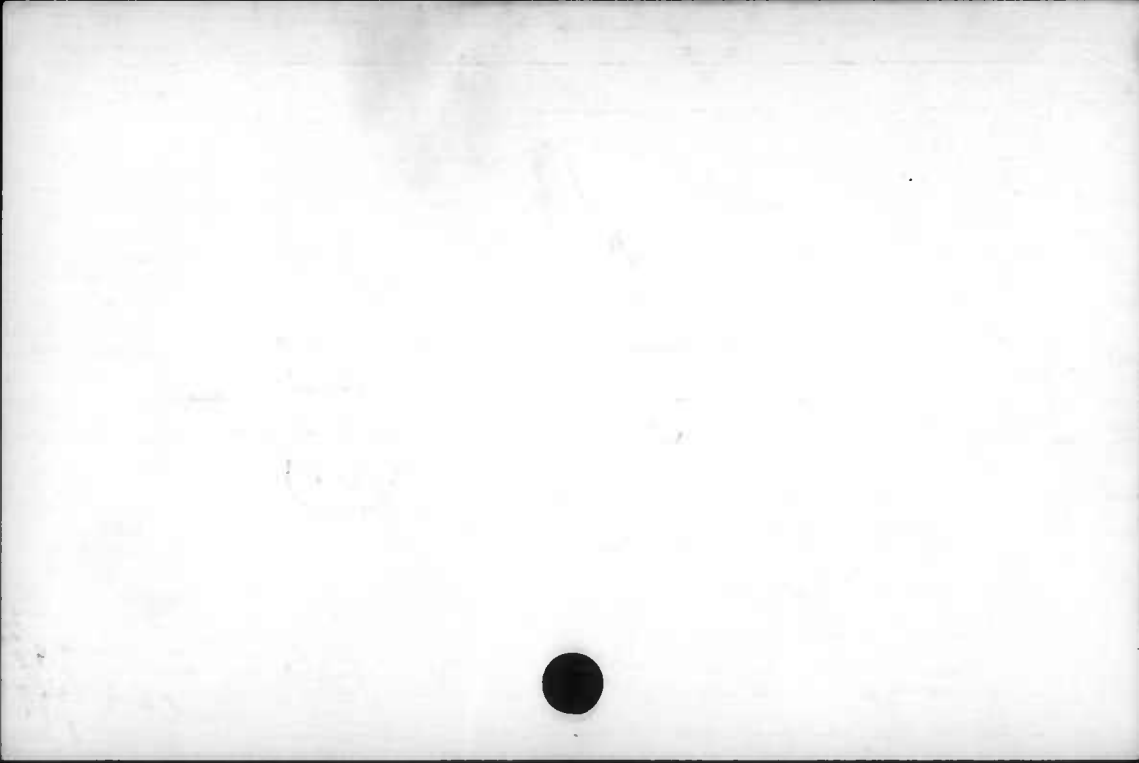
Address

Lonacongon, Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Henry Thuss

Town

County

MARYLAND

Died at

Cumtula alleg.

Date

Month

Day

Year

Months

Days

of death

1960

Feb.

27

Age

48

10

1

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Henry Thuss

Father's
Birthplace

Germany

Mother's
Maiden Name

Sophia Leib

Mother's
Birthplace

Germany

Name of person giving
Information

August Thuss

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Laryngeal Stenosis

How long

weeks

Immediate

Asphyxia

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. Jackson

Address

1011

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Aug
Will

Barbara Rossmertle Baumert
Jonine Morgantown

West

Funeral 2³⁰ at Gen & Gut
Church Tuesday

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emma Welford* Town *Cumberland* County *allergany*
Died at *Cumberland allergany* MARYLAND
Date of death *1910* Month *2* Day *25* Age *60* Years *7* Months *7* Days *7*
Sex *Female* Color or Race *White* Birth-place *Pa*
Occupation *House Wife* Where Residing if not at place of death *Cumberland*
Married, Single or Widowed *Married* Name of Wife or Husband *Jacob Welford*
Father's Name *Frank Rian* Father's Birthplace *Pa*
Mother's Maiden Name *Ruth Dickens* Mother's Birthplace *Pa*
Name of person giving Information *Ray Welford* How related to deceased *Son*

CAUSES OF DEATH

Primary *Bright Disease*
Immediate *exhaustion*

How long *120* *1* month
How long *1* *mic*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. H. Bracer
Cummd
md

Accident or Suicide

